



# Invoice

**From:**

AFP, Cincinnati Chapter

PO Box 31206

Cincinnati, OH 45231

Phone (513) 939-2652

Fax (513) 939-2653

Email: [admin@afpcincinnati.org](mailto:admin@afpcincinnati.org)

|                  |                 |
|------------------|-----------------|
| Invoice Number   | INV-0499        |
| Order Number     | 15995           |
| Invoice Date     | August 9, 2024  |
| <b>Total Due</b> | <b>\$250.00</b> |

Terms: Due Upon Receipt

| Job Title               | Company Name                                          |
|-------------------------|-------------------------------------------------------|
| Director of Development | Jeevan Aadhar Transformation Aftercare Services-JATAS |

| Hrs/Qty | Service                                | Rate/Price | Sub Total |
|---------|----------------------------------------|------------|-----------|
| 1       | <a href="#">Non-Member Job Listing</a> | \$250.00   | \$250.00  |

## Payment Information:

### Check

Please make check payable to:

AFP, Greater Cincinnati Chapter

PO Box 31206

Cincinnati, Ohio 45231

Payment Amount: \_\_\_\_\_

Check Number: \_\_\_\_\_

*Please return invoice with payment*