

Invoice



From:

AFP, Cincinnati Chapter
PO Box 31206
Cincinnati, OH 45231
Phone (513) 939-2652
Fax (513) 939-2653
Email: admin@afpcincinnati.org

Invoice Number	INV-0530
Order Number	16804
Invoice Date	February 21, 2025
Total Due	\$200.00

Terms: Due Upon Receipt

Job Title	Company Name
Executive Director	Cincinnati Therapeutic Riding and Horsemanship

Hrs/Qty	Service	Rate/Price	Sub Total
1	Member Listing	\$200.00	\$200.00

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