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-0549
Order Number	17244
Invoice Date	August 4, 2025
Total Due	**$250.00**

Terms: Due Upon Receipt

Job Title	Company Name
Development Director	Cincinnati Center for Autism

Hrs/Qty	Service	Rate/Price	Sub Total
1	Non-Member Job Listing	$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