

# 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-0551
Order Number	17411
Invoice Date	September 10, 2025
<b>Total Due</b>	<b>\$200.00</b>

Terms: Due Upon Receipt

Job Title	Company Name
Community Engagement Officer	Bethesda Hospitals   TriHealth

Hrs/Qty	Service	Rate/Price	Sub Total
1	<a href="#">Member Listing</a>	\$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*