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-0563
Order Number	17737
Invoice Date	November 21, 2025
Total Due	**$0.02**

Terms: Due Upon Receipt

Job Title	Company Name
Test 2	Inspiring Service

Hrs/Qty	Service	Rate/Price	Sub Total
1	Member Listing Test	$0.02	$0.02

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