# 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-0127 |
| Order Number | 6900 |
| Invoice Date | January 26, 2019 |
| **Total Due** | **$200.00** |

Terms: Due Upon Receipt

| Job Title | Company Name |
|---|---|
| | |

| 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*