



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-0220 |
| Order Number | 9422 |
| Invoice Date | September 9, 2020 |
| Total Due | \$500.00 |

Terms: Due Upon Receipt

| Job Title | Company Name |
|---------------|--------------|
| Order ID 9422 | |

| Hrs/Qty | Service | Rate/Price | Sub Total |
|---------|-------------------------------|------------|-----------|
| 1 | Helping Hands | \$500.00 | \$500.00 |

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

Credit Card

Credit Card Payment Information

☐ Visa ☐ MasterCard ☐ American Express

Name on the card: _____

Company Name: _____

Billing Address: _____

City, ST, Zip: _____

Phone #: _____

Email Address: _____

Credit Card Number: _____

Expiration Date: _____

CSV Code: _____

Signature: _____