

Vendor Name : Test Vendor 6
Invoice Type : Quarterly Report
Invoice Term : Due Now
Address : 28 w 27th

Invoice Number : INV_995020130807144014
Invoice Date : 08/07/2013
Email : greektestvendor6@gmail.com
Phone : (555) 555-5555
(666) 666-6666
Fax : (777) 777-7777

City : Salem **State** : Oregon **Zip** : 92030

Line Item#	Client	Year	Quarter	Date	Check#	Amount Due	Amount Paid
1	Alpha Chi Omega	2012-13	Third	08/07/2013		\$170.00	\$0.00
2	Beta Theta Pi	2012-13	Third	08/07/2013		\$850.00	\$0.00
3	Chi Omega	2012-13	Third	08/07/2013		\$42.50	\$0.00
Total						\$1,062.50	\$0.00