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# INVOICE

Bill To:
Affinity Test Vendor 4 28 W 27th Spokane, Washington 99224

**Greek Organization**  
Acacia  
**Total**

**Amount**  
\$0.00  
**\$0.00**

Date: 05/14/2013	Invoice #:
Term: Net 15 days	Due Date: 05/29/2013
Amt Due:	\$0.00
Amt. Enclosed:	