

Affinity Consultants  
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# INVOICE

Bill To:
Affinity Test Vendor 2 123 Main Street Chicago, Illinois 92009

Date: 04/26/2013	Invoice #:
Term: Net 15 days	Due Date: 05/11/2013
Amt Due:	\$0.00
Amt. Enclosed:	

**Greek Organization**

Chi Omega

Chi Psi

Delta Chi

Delta Delta Delta

**Total**

**Amount**

\$0.00

\$0.00

\$0.00

\$0.00

**\$0.00**