

**Vendor Name** : Affinity Test Vendor 2  
**Invoice Type** : Quarterly Report  
**Invoice Term** : Due Now  
**Address** : 123 Main Street

**City** : Chicago **State** : Illinois **Zip** : 92009

**Invoice Number** : INV\_937820130319135536  
**Invoice Date** : 03/19/2013  
**Email** : jacesofturatest@gmail.com  
**Phone** : (760) 555-6767 ext. 190  
(760) 555-6767  
**Fax** : (760) 555-8888

Line Item#	Client	Year	Quarter	Date	Check#	Amount Due	Amount Paid
1	Alpha Epsilon Phi	2013-14	Third	03/19/2013		\$95.20	\$0.00
2	Alpha Epsilon Phi	2013-14	Third	03/19/2013		\$2.55	\$0.00
						<b>Total \$97.75</b>	<b>\$0.00</b>