

Affinity Consultants  
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# INVOICE

Bill To:
Affinity Test Vendor 2

<b>SI No.</b>	<b>Greek Organization</b>
1	Chi Omega
	<b>Total</b>

Date: 04/10/2013	Invoice #:
Term: Net 15 days	Due Date: 04/25/2013

Amt Due:	
Amt. Enclosed:	

<b>Amount</b>
\$0.00
<b>\$0.00</b>