

Vendor Name : SAI LTD
Invoice Type : Quarterly Report
Invoice Term : Due Now
Address : 23 NAGOTHIRI ST
PURASAIYAKKAM
City : NOVI **State** : Hawaii **Zip** :

Invoice Number : INV_958620130620020125
Invoice Date : 06/20/2013
Email : isradhehere@gmail.com
Phone : (454) 345-43453
Fax :

Line Item#	Client	Year	Quarter	Date	Check#	Amount Due	Amount Paid
1	Alpha Epsilon Pi	2013-14	Fourth	06/20/2013		\$0.00	\$0.00
2	aa	2013-14	Fourth	06/20/2013		\$0.00	\$0.00
Total						\$0.00	\$0.00