

**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\_937820130328155206  
**Invoice Date** : 03/28/2013  
**Email** : affinitytestvendor2recovery@gmail.com  
**Phone** : (760) 555-6767 ext. 190  
**Fax** : (760) 555-8888

Line Item#	Client	Year	Quarter	Date	Check#	Amount Due	Amount Paid
1	Chi Omega	2012-13	First	03/28/2013		\$0.00	\$0.00
2	Pi Kappa Alpha	2012-13	First	03/28/2013		\$0.00	\$0.00
3	Delta Gamma	2012-13	First	03/28/2013		\$0.00	\$0.00
4	Alpha Tau Omega	2012-13	First	03/28/2013		\$0.00	\$0.00
<b>Total</b>						<b>\$0.00</b>	<b>\$0.00</b>