

INVOICE

[Non-Profit Organization Name]
[Tax ID / EIN Number]
[Street Address]
[City, State, Zip]

Invoice #: [000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

Bill To:

[Client Name/Donor]
[Organization Name]
[Address]
[Email/Phone]

Event Details:

[Event Name]
[Event Date]
[Venue Location]

Description of Service	Hours/Qty	Rate	Amount
Initial Consultation & Venue Sourcing	[0]	\$0.00	\$0.00
Vendor Coordination & Management	[0]	\$0.00	\$0.00
On-site Event Supervision	[0]	\$0.00	\$0.00
Administrative/Permit Processing	[0]	\$0.00	\$0.00

Subtotal: \$0.00
Discount/Grant: (\$0.00)

Total Due: \$0.00

Payment Instructions: Please make checks payable to [Organization Name]. For bank transfers, use [Routing/Account Details].

Notes: [Insert mission statement or tax-deductibility disclaimer if applicable]. Thank you for supporting our mission.