

CREDIT NOTE

[Organization Name]
[Address Line 1]
[Tax ID/VAT Number]

Date: _____
Credit Note #: _____
Original Invoice #: _____

SPONSOR / BILL TO:

[Company Name]
[Contact Name]
[Address]
[Email/Phone]

EVENT / PROJECT:

[Sponsorship Event Title]
[Date of Event]

Description of Sponsorship Adjustment	Original Amount	Credit Amount
[Reason for Credit: e.g., Tier Downgrade, Cancelled Benefit]	\$ 0.00	\$ 0.00
[Additional Item Description]	\$ 0.00	\$ 0.00

Subtotal Credit: \$ 0.00

Tax Adjustment: \$ 0.00

Total Credit: \$ 0.00

Reason for Credit: _____

Authorized Signature: _____ **Date:** _____