

HUMANITARIAN SERVICE INVOICE

[Organization Name]
[Tax ID / Charity Registration]
[Address Line 1]
[City, Country]

Invoice #: _____
Date: _____
Due Date: _____

Bill To:

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

Project/Mission:

[Project Name/Code]
[Location of Service]
[Grant Reference, if applicable]

Service Description	Qty/Hours	Unit Rate	Amount
[Service Item 1]	0.00	\$0.00	\$0.00
[Service Item 2]	0.00	\$0.00	\$0.00
[Service Item 3]	0.00	\$0.00	\$0.00

Subtotal: \$0.00
Admin Fee (%): \$0.00

Total Due: \$0.00

Payment Instructions:

Bank Name: [Name]

SWIFT/BIC: [Code]

Account Number/IBAN: [Number]

Thank you for supporting our humanitarian mission.