

INVOICE

[Consultant/Firm Name]

[Street Address]

[City, State, Zip]

[Email/Phone]

Invoice #: [001]

Date: [MM/DD/YYYY]

Due Date: [MM/DD/YYYY]

Bill To:

[Non-Profit Organization Name]

[Contact Person]

[Address]

[Tax ID/EIN if applicable]

Project Reference:

[Grant Name / Project Title]

[Contract Number]

Description of Services / Deliverables	Hours/Qty	Rate	Total
[Service Name - e.g., Strategic Planning]	[0.00]	[\$[0.00]]	[\$[0.00]]
[Service Name - e.g., Grant Writing Support]	[0.00]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]

Discount (Non-Profit Rate): -[\$[0.00]]

Balance Due: \$[0.00]

Payment Instructions:

Please make checks payable to [Name] or transfer via [Bank Details/ACH].

Thank you for the opportunity to support your mission.