

TAX INVOICE

[Organization Name]

[Address Line 1]

[Tax ID / Business Number]

INVOICE NUMBER
DATE OF ISSUE

BILL TO

[Client/Donor Name]

[Address Line 1]

[Tax ID Number if applicable]

PAYMENT TERMS

[Due on Receipt / 30 Days]

Description	Qty	Unit Price	Total
<hr/>			
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Subtotal: \$ 0.00

Tax Rate: 0%

Total Amount: \$ 0.00

Tax Deductible Statement:

This organization is a qualified recipient under [Relevant Law/Section]. No goods or services were provided in exchange for this contribution, other than intangible religious benefits. Please retain this official invoice for your tax records.

AUTHORIZED SIGNATURE

Thank you for your business / contribution.