

[PUBLIC BENEFIT ENTITY NAME]

[Registration / Charity Number]
[Address Line 1]
[City, State, Postcode]

INVOICE

Date: _____
Invoice #: _____

Bill To:

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

Project / Reference:

[Reference Name or Number]

** This entity is recognized as a Public Benefit Organization. Fees are [Exempt/Subject] to VAT/GST under [Local Statute Reference].*

Description of Services / Goods	Qty / Hours	Rate	Total

Subtotal: \$0.00
Tax/Levy (0%): \$0.00
Amount Due: \$0.00

Payment Terms: [e.g., Net 30 Days]

Bank Details: [Bank Name] | **Account:** [Number] | **Swift/BIC:** [Code]

Thank you for supporting our mission.