

# ORGANIZATION NAME

123 Charity Lane  
City, State, Zip  
Phone: (555) 000-0000  
Email: billing@org.org

## INVOICE

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_

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### BILL TO

Customer Name/Company  
Address Line 1  
Address Line 2  
City, State, Zip

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### ORGANIZATION INFO

Tax ID (EIN): \_\_ - \_\_\_\_\_  
Exemption Number: \_\_\_\_\_  
Due Date: \_\_\_\_\_

| Description | Quantity | Unit Price | Amount |
|-------------|----------|------------|--------|
|             |          |            |        |
|             |          |            |        |
|             |          |            |        |
|             |          |            |        |

Subtotal: \$0.00  
Sales Tax (0%): \$0.00

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**Total Amount Due: \$0.00**

**Tax Exempt Status:** [Organization Name] is a registered 501(c)(3) non-profit organization. As such, this transaction is exempt from sales and use tax under Certificate No: \_\_\_\_\_.

Please make all checks payable to: **Organization Name**

Thank you for your support.