

# TAX INVOICE

**Charity Gala Planning Co.**  
123 Event Lane  
City, State, Zip  
Tax ID: [00-0000000]

**Invoice #:** [000]  
**Date:** [MM/DD/YYYY]  
**Due Date:** [MM/DD/YYYY]

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**Bill To:**

[Client Name / Organization]  
[Street Address]  
[City, State, Zip]  
[Contact Email]

**Event Details:**

**Gala Name:** [Event Name]  
**Event Date:** [Date]  
**Venue:** [Location Name]

Description of Services / Supplies	Qty/Hrs	Unit Price	Total
Event Planning & Coordination Fee			
Venue Procurement & Management			
Catering Management & Menu Design			
Auction Coordination & Software			

Description of Services / Supplies	Qty/Hrs	Unit Price	Total
Marketing & Collateral Design			

Subtotal: \$0.00

Tax ([0] %): \$0.00

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**Total Amount: \$0.00**

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**Payment Instructions:**

Please make checks payable to **Charity Gala Planning Co.**

Bank Transfer: [Bank Name] | Account: [Number] | Routing: [Number]

*Thank you for your business. All funds contribute to a successful fundraising mission.*