

PROFORMA INVOICE

[Organization Name]
[Address Line 1]
[City, State, Zip]
[Tax ID / Charity Number]

Date: [Date]
Proforma #: [0000]
Event Date: [Date]

Client / Sponsor:

[Name/Company]
[Address Line 1]
[Email/Phone]

Event Title:

[Name of Fundraising Event]

| Description of Services/Items | Qty/Hrs | Unit Price | Total |
|------------------------------------|---------|------------|--------|
| Venue Rental & Logistics | - | - | [0.00] |
| Catering & Beverage Service | - | - | [0.00] |
| Marketing & Promotional Material | - | - | [0.00] |
| Auction/Entertainment Coordination | - | - | [0.00] |

Subtotal: [0.00]
Tax: [0.00]

Estimated Total: [0.00]

Payment Terms: [e.g., 50% Deposit Required to Confirm Event]

Notes: This is a proforma invoice provided for planning purposes. Final costs may vary based on actual attendance and incidental expenses.