SPONSORSHIP INVOICE

[Organization Name]
[Street Address]
[City, State, Zip]
[Tax ID / EIN]

Invoice #: [00000]
Date: [Date]
Due Date: [Date]

Bill To:
[Sponsor Company Name]
[Contact Person]
[Company Address]
[City, State, Zip]

Sponsorship Level / Description	Qty	Unit Price	Amount
[Event Name/Partnership Tier Name]	1	$0.00	$0.00
[Additional Benefit/Add-on]	1	$0.00	$0.00
		Total Due:	**$0.00**

Payment Instructions:
Please make checks payable to: [Organization Name]
Bank Transfer / Wire: [Bank Name] | Account: [Number] | Routing: [Number]

Thank you for your partnership and support. Please contact [Email Address] for any billing inquiries.