INVOICE

District Science Fair
[Organization Address]
[City, State, Zip]
[Tax ID / EIN]

Invoice #: [0000]
Date: [Date]

Bill To:

[Sponsor Name]
[Contact Person]
[Sponsor Address]
[City, State, Zip]

Event Details:

[Science Fair Year/Name]
[Event Date]
[Venue Location]

Description	Sponsorship Level	Amount
Science Fair Corporate Sponsorship Package	[Level Name]	$0.00
Additional Recognition / Booth Space	-	$0.00

Subtotal: $0.00

Total Due: $0.00

Payment Instructions:
Please make checks payable to: *[Organization Name]*
For electronic transfers: [Routing/Account Details or Payment Link]
Due Date: [Date]

Thank you for supporting STEM education in our district!