INVOICE

Science Fair Organization Name
Address Line 1
City, State, Zip
Tax ID: 00-0000000

Invoice #: _____
Date: _____
Due Date: _____

Bill To (Sponsor):

Contact Name/Company
Address Line 1
City, State, Zip
Email/Phone

Event Details:

Event: Annual Science Fair 202X
Date: _____
Venue: _____

Description / Prize Category	Quantity	Unit Cost	Total
Grand Prize Sponsorship			
Category Award (Level: _____)			
Special Recognition Award			

Description / Prize Category	Quantity	Unit Cost	Total
Administrative/Processing Fee			

Grand Total: $_____

Payment Instructions:

Please make checks payable to: **[Organization Name]**
For electronic transfers: Bank Name | Account: _____ | Routing: _____
Note: Contributions may be tax-deductible. Please retain this for your records.