SPONSORSHIP INVOICE

Date: _____
Invoice #: _____

From (Organizer):
[Science Fair Name]
[Organization Name]
[Address]
[Tax ID/EIN]
To (Sponsor):
[Company Name]
[Contact Person]
[Address]
[Email/Phone]

Sponsorship Tier / Description	Amount
[Tier Name, e.g., Platinum Sponsor]	$ 0.00
Additional Benefits / Specific Branding	$ 0.00
Total Due:	**$ 0.00**

Payment Terms: [Net 30 / Due on Receipt]
Payment Method: [Check / Wire Transfer / Online Portal]

Thank you for supporting STEM education and our local student scientists.

Representative (Organization)

Representative (Sponsor)