[NONPROFIT ORGANIZATION NAME]

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

INVOICE

[Invoice Number]
Date: [Date]
Due Date: [Date]

CLIENT / SPONSOR

[Name/Company]
[Street Address]
[City, State, Zip]
[Email/Phone]

CAMPAIGN DETAILS

Project: [Campaign Name]
Period: [Start Date] - [End Date]
Manager: [Name]

DESCRIPTION OF SERVICES / DELIVERABLES	QTY/HRS	RATE	AMOUNT
[e.g., Press Release Distribution & Media Outreach]	[0]	$0.00	$0.00
[e.g., Social Media Content Creation & Management]	[0]	$0.00	$0.00
[e.g., Graphic Design for Campaign Assets]	[0]	$0.00	$0.00
[e.g., Sponsored Content / Influencer Partnerships]	[0]	$0.00	$0.00

Subtotal:	$0.00
Tax/Fees (0%):	$0.00

Total:	**$0.00**

PAYMENT INSTRUCTIONS

Please make checks payable to **[Nonprofit Name]**.
For Wire/ACH: [Bank Name] | Acct: [Number] | Routing: [Number]
Online Payment: [URL]

Thank you for supporting our mission and this PR campaign.