INVOICE

[Non-Profit Name]
[Address Line 1]
[City, State, Zip]
Tax ID: [00-0000000]

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

BILL TO

[Client/Sponsor Name]
[Contact Person]
[Address]
[Email/Phone]

EVENT REFERENCE

Gala Name: [Event Title]
Event Date: [Date]
Venue: [Location Name]

Description of Management Services	Qty/Hrs	Rate	Amount
Pre-Event Planning & Coordination	-	-	$0.00
Vendor Liaison & Contract Management	-	-	$0.00
On-Site Event Day Supervision	-	-	$0.00

Description of Management Services	Qty/Hrs	Rate	Amount
Auction/Donation Software Management	-	-	$0.00

Subtotal: $0.00
Tax / Fees: $0.00
Total Due: $0.00

PAYMENT INSTRUCTIONS

Please make checks payable to **[Non-Profit Name]**. For ACH/Wire transfers, use the following details: [Bank Name] | Routing: [000000] | Account: [000000].

Thank you for supporting our mission and making this gala possible.