[ORGANIZATION NAME]

[Street Address]
[City, State, Zip]
[Contact Email]

INVOICE

No: [0000]
Date: [Date]

BILL TO:

[Client Name]
[Company Name]
[Address]
[Email Address]

EVENT DETAILS:

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

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
[VIP Table Service / Admission Package]	[0]	$0.00	$0.00
[Sponsorship Level / Item Description]	[0]	$0.00	$0.00

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
[Additional Services / Logistics]	[0]	$0.00	$0.00

Subtotal: $0.00
Tax / Fees: $0.00

TOTAL DUE: $0.00

Thank you for your generous support and participation.

Please make checks payable to "[Organization Name]"