

Event Ticket Sales Invoice

Invoice #: _____ **Invoice Date:** _____

Fundraiser Event: _____ **Event Date:** _____

Nonprofit Name: _____ **Tax ID (if applicable):** _____

Billed To: _____ **Contact Email:** _____

Ticket Details

Ticket Type	Qty	Unit Price	Total
General Admission	---	---	---
VIP	---	---	---
Other	---	---	---

Subtotal _____

Discount _____

Donation Portion* _____

Total Due _____

* Portion eligible as charitable donation (consult your tax advisor).

Payment Method: _____

Thank you for supporting our cause!