

# 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	_____	_____	_____

<b>Subtotal</b>	_____
Discount	_____
Donation Portion*	_____
<b>Total Due</b>	_____

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

**Payment Method:** \_\_\_\_\_

**Thank you for supporting our cause!**