

Nonprofit Organization Name

123 Main Street

City, State ZIP

Phone: (123) 456-7890

Email: info@nonprofit.org

Service Invoice

Invoice #: _____

Date: _____

Due Date: _____

Billed To:

Recipient Name/Organization

456 Guest Avenue

City, State ZIP

Email: recipient@email.com

Description of Service	Event	Date	Units	Rate	Amount
Event Setup Assistance	Charity Fundraiser	MM/DD/YYYY	5	\$25	\$125
Audio/Visual Support	Charity Fundraiser	MM/DD/YYYY	3	\$30	\$90
Volunteer Coordination	Charity Fundraiser	MM/DD/YYYY	2	\$20	\$40

Subtotal **\$255**Discount **(\$10)****Total Due** **\$245****Notes:**

Thank you for partnering with us to make this event a success. Please make payment within 30 days of the invoice date. For any queries, contact our finance team at info@nonprofit.org.

Authorized By:

Received By: