

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: _____
