

Simple Invoice

Nonprofit Name

Address Line 1
Address Line 2
Phone: (xxx) xxx-xxxx
Email: info@nonprofit.org

Invoice #: _____
Date: ____ / ____ / ____

Project: _____

Billed To:

Contact Name
Organization
Address Line 1
Address Line 2

Description	Quantity	Rate	Amount
Service or Product 1	____	____	____
Service or Product 2	____	____	____
Subtotal			____
Tax			____
Total			____

Notes:

Thank you for supporting our nonprofit project. If you have any questions about this invoice, please contact us.