|  |  |  |  |
| --- | --- | --- | --- |
| YOUR ORGANIZATIONPlease remember that the organization and address on the invoice must match your W9 form |  |  |  |
| Contact PersonStreet Address for MailingCiy, State Zip Code |
|  |
|  |  |  |  |  |
| **INVOICE** |  |  |  |  |
| Spartanburg County Foundation |  |  | **Invoice Date:** | \_\_\_\_\_\_\_\_\_ |
| Kim AtchleySponsorships |  |  |  **Date of Event:**  | \_\_\_\_\_\_\_\_\_ |
| 424 E. Kennedy Street |  |  |  |  |
| Spartanburg, SC 29302 |  |  |  |  |
| **DESCRIPTION of SERVICE/ITEM** | **QTY** | **UNIT PRICE** | **TOTAL** |
| Event Sponsorship |  |  | $\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | 0.00 |
|  |  |  | 0.00 |
|  |  |  | 0.00 |
|  |  |  | 0.00 |
|  |  |  | 0.00 |
|  |  |  | **SUBTOTAL** | 00.00 |
|  | **Invoice Total** | **$00.00** |
|  |
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