|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YOUR ORGANIZATION  Please remember that the organization and address on the invoice must match your W9 form |  |  |  | |
| Contact Person  Street Address for Mailing  Ciy, State Zip Code |
|  |
|  |  |  |  |  |
| **INVOICE** |  |  |  |  |
| Spartanburg County Foundation |  |  | **Invoice Date:** | \_\_\_\_\_\_\_\_\_ |
| Kim Atchley  Sponsorships |  |  | **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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