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| --- | --- | --- | --- | --- | --- | --- | --- |
| Invoice | | | | Date: xx/xx/xxxx  Invoice # xxxx | | | |
| Toast To Our Stars  c/o Name  Street  City/State/Zip Code  Phone  email | |  | To | | | Name  Title  Organization  Street  City/State/Zip Code | |
| Salesperson | Job | | | | Payment Terms | | Due Date |
| Name | 2017 TTOS Banquet Advertisement | | | |  | |  |
|  | | | | | | | |
| Qty | Description | | | | Unit Price | | Line Total |
| 1 | 2017 Full Page Banquet Program Advertisement | | | | $40.00 | | $40.00 |
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| Subtotal | | | | | | | $40.00 |
| Sales Tax | | | | | | |  |
| Total | | | | | | | $40.00 |
|  | Toast To Our Stars Club, Inc.  501 (c) (3)  Private Foundation | | | Make all checks payable to Toast To Our Stars  Thank you for your business! | | | |