

DEPOSIT INVOICE

Adventure Cruise Lines
123 Expedition Way, Port Marina

Invoice #: _____
Date: _____
Booking Ref: _____

Passenger Details:

Name: _____

Email: _____

Phone: _____

Cruise Itinerary:

Vessel: _____

Destination: _____

Departure Date: _____

Description	Full Fare	Deposit %	Amount Due
Cruise Reservation Deposit - Cabin Cat: _____	\$	%	\$
Add-on: Expedition Gear Rental	\$	-	\$

Subtotal: \$ _____

Tax/Fees: \$ _____

Total Deposit Due: \$ _____

Payment Terms:

- Remaining balance due 90 days prior to departure.
- Deposits are non-refundable after 48 hours of payment.
- Payment Method: Credit Card Wire Transfer Check

Thank you for choosing Adventure Cruise Lines. Your journey begins here.
www.adventurecruiselines.example | support@adventurecruiselines.example