DEPOSIT INVOICE

[Your Company Name]
[Address Line 1]
[Email/Phone]

Invoice #: [000]
Date: [Date]

BILL TO

[Client Name]
[Client Address]
[Client Email]

PROJECT

[Project Name/ID]
Status: Retainer Request

Description	Percentage	Amount
Project Deposit / Retainer Fee for [Project Name] Initial payment required to commence work.	[00]%	$0.00

Subtotal $0.00
Tax (0%) $0.00
Total Due $0.00

PAYMENT INSTRUCTIONS

Please remit payment via [Bank Transfer/Credit Card/Check] by [Due Date].
Work will begin immediately upon receipt of the deposit.