DEPOSIT INVOICE

Company Name
Street Address
City, State, Zip
Phone / Email

Invoice #: _____
Date: _____
Project ID: _____

Bill To: Client Name
Client Address
City, State, Zip
Contact Person
Project Details: Project Name/Scope:
_____
Site Location:
_____

Description	Amount
Initial Mobilization Deposit (___% of Total Contract)	$ 0.00
Material Procurement Deposit	$ 0.00

Subtotal: $ 0.00

Tax: $ 0.00

Total Deposit Due: $ 0.00

Terms & Conditions:

1. This deposit is required prior to project commencement and material ordering.
2. Deposit will be credited toward the final contract balance.
3. Please make checks payable to: **Company Name**

Thank you for your business.