[COMPANY NAME]

[Street Address]
[City, State, Zip]
[Phone Number]

DEPOSIT INVOICE

Invoice #: [000]
Date: [Date]
Project ID: [Project Name/Ref]

BILL TO

[Client Name]
[Client Address]
[City, State, Zip]

PROJECT SITE

[Project Site Address]
[City, State, Zip]

Description of Construction Services	Total Project Value	Deposit %	Amount Due
Initial Deposit for [Phase/Service Name]	$0.00	0%	$0.00

Subtotal: $0.00
Tax: $0.00
Deposit Required: $0.00

PAYMENT INSTRUCTIONS

Please make checks payable to: **[Company Name]**
Bank Transfer (ACH): [Routing Number / Account Number]
Payment Due Date: [Date]

Note: This deposit is required to secure project scheduling and procurement of materials. Work will commence upon receipt of payment. This deposit is [Refundable/Non-refundable] as per the signed construction agreement.