DEPOSIT INVOICE

[Company Name]
[Address]
[Phone / Email]

Invoice #: _____
Date: _____
Project ID: _____

Client Information

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

Project Location

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

Description of Work / Progress Stage	Amount
Total Contract Value	$
Initial Deposit / Mobilization Fee ([ ]%)	$
[Additional Description or Progress Note]	$

Subtotal: $ _____
Tax Rate (%): _____
Total Amount Due: $ _____

Payment Terms: Due upon receipt unless otherwise specified.

Notes: This deposit is required to secure project scheduling and materials procurement. Work will commence upon receipt of payment.