DEPOSIT INVOICE

[Contractor Business Name]

[License #] [Phone]

INVOICE #
DATE

CLIENT INFORMATION

[Name]

[Address]

[Phone / Email]

PROJECT LOCATION

[Address]

[Project Name/Ref]

Description of Work / Scheduled Phase	Amount
Project Mobilization & Deposit Initial deposit required to secure project start date, procure long-lead materials, and initiate permitting for:	

Total Project Estimate: $ _____

DEPOSIT DUE: $ _____

PAYMENT TERMS & NOTES

Deposit is due upon receipt to confirm scheduling. All checks payable to **[Business Name]**. This deposit will be credited toward the final project balance. Work is scheduled to commence on or about: _____.

CONTRACTOR SIGNATURE
CLIENT SIGNATURE