DEPOSIT INVOICE

Project Reference: [Project ID/Name]

[Contractor/Company Name]
[Address Line 1]
[City, State, Zip]
[License Number]

BILL TO

[Client Name]
[Client Address]
[Phone/Email]

INVOICE DETAILS

Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

PROJECT SITE

[Residential Property Address]

Description of Services / Phase	Percentage	Amount
Initial Project Mobilization & Materials Deposit	[00]%	$0.00
Permit Processing & Architectural Review Fees	-	$0.00

Subtotal: $0.00
Tax: $0.00

Total Deposit Due: $0.00

Payment Instructions: [Bank Name] | Account: [Number] | Wire: [Routing]
Terms: This deposit is required to secure project scheduling and order long-lead materials. Work will commence upon receipt of funds.