DEPOSIT INVOICE

[Company Name]
[License Number]
[Phone / Email]

Invoice #: _____
Date: _____

CLIENT INFORMATION
[Client Name]
[Project Address]
[City, State, Zip]

PROJECT DETAILS
Project: [e.g., Kitchen Remodel]
Estimated Start: _____

Description	Percentage / Amount
Initial Project Deposit (Mobilization & Materials)	$ 0.00
Permit & Planning Fees	$ 0.00

Total Project Estimate: $ 0.00
Deposit Due Now: $ 0.00

Payment Instructions:
Please make checks payable to [Company Name] or pay via [Payment Method].

Terms:
This deposit is required to secure the project start date and procure necessary materials. Deposit is subject to the terms outlined in the signed Remodeling Contract.