DEPOSIT INVOICE

Date: [Date]
Invoice #: [00001]

[Your Studio Name]
[Your Address]
[Email/Phone]

Bill To:
[Client Name]
[Client Company]
[Client Address]

Project:
[Project Title/Name]

Description of Services	Project Total
[Design Package Name/Scope] Full project scope as per contract signed on [Date]	$[0.00]

Subtotal: $[0.00]
Tax: $[0.00]

Deposit (50%): $[0.00]

Payment Terms:
This is a non-refundable deposit required to commence project work. Remaining balance is due upon project completion.

Payment Methods:
[Bank Transfer Details / Payment Link / Check Instructions]