DEPOSIT INVOICE

[Catering Company Name]
[Address Line 1]
[City, State, Zip]
[Phone Number]

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

Client Information:

[Client Name / Company]
[Contact Person]
[Billing Address]
[Email Address]

Event Details:

Event Name: [Name]
Event Date: [Date]
Venue: [Location]
Estimated Guest Count: [000]

Description of Services	Estimated Total	Deposit %	Amount
Banquet Catering Services - Security Deposit for [Event Date]	$0.00	0%	$0.00

Subtotal: $0.00
Tax: $0.00
Total Deposit Due: $0.00

Payment Terms: Deposits are non-refundable after [Number] days prior to the event. This deposit secures your date and will be applied to the final invoice.

Payment Methods: [Check / Wire Transfer / Credit Card]