DEPOSIT INVOICE

Invoice #: _____
Date: _____

[Catering Company Name]
[Street Address]
[City, State, Zip]
[Phone / Email]

CLIENT INFORMATION

[Client Name / Organization]
[Contact Person]
[Billing Address]
[Phone / Email]

EVENT DETAILS

Event Name: [Event Title]
Date: [Event Date]
Venue: [Venue Name/Location]
Guest Count: [Estimated Number]

Description of Services	Estimated Total	Deposit %	Amount Due
Banquet Catering Deposit Secures date, staff, and menu selection for [Event Date]	$ _____	_____%	$ _____

Estimated Event Subtotal: $ _____
Service Charge/Gratuity: $ _____
DEPOSIT AMOUNT DUE: $ _____

PAYMENT SCHEDULE & TERMS

- **Deposit Due Date:** _____
- **Final Balance Due:** _____ (due [X] days prior to event)
- **Final Headcount Deadline:** _____
- Deposits are [Refundable/Non-Refundable] as per the signed catering agreement.

Payment Methods:
Check: Payable to [Company Name]
Credit Card: [Link/Instructions]
Wire Transfer: [Routing/Account Details]

Authorized Signature: _____

Thank you for your business!