DEPOSIT INVOICE

Invoice #

Date Issued

Catering Company Name

Street Address

City, State, Zip

Phone / Email

CLIENT INFORMATION

Client Name

Organization

Contact Number

EVENT DETAILS

Event Type & Date

Venue Location

Guest Count (Est.)

PACKAGE SUMMARY & DEPOSIT CALCULATION

Description of Services	Estimated Total	Deposit %	Amount Due
Full-Service Catering Package (Menu, Staffing, Rentals)			

Subtotal Deposit: $0.00
Applicable Taxes: $0.00
TOTAL DEPOSIT DUE: $0.00

PAYMENT TERMS & POLICIES

1. **Deposit Policy:** This deposit is required to secure the event date and is non-refundable upon cancellation within [X] days of the event.

2. **Balance Due:** The remaining balance of the final invoice is due [X] days prior to the event date.

3. **Final Count:** Guaranteed guest count must be confirmed [X] business days before the event.

Authorized Signature (Caterer)
Client Acceptance Signature

Thank you for your business.