DEPOSIT INVOICE

Executive Banquet Catering

Invoice #: _____
Date: _____

CLIENT DETAILS

Name/Company: _____
Address: _____
Phone: _____

EVENT DETAILS

Event Date: _____
Venue: _____
Guest Count: _____

Description of Services	Estimated Total	Deposit %	Amount Due
Catering Services & Banquet Management Deposit	$ _____	_____%	$ _____
Equipment Rental / Venue Securing Fee	$ _____	100%	$ _____

Subtotal: $ _____
Tax: $ _____
Total Deposit: $ _____

PAYMENT TERMS

Please make checks payable to **Executive Banquet Catering**. This deposit is required to secure the event date and is subject to the terms and conditions outlined in the service contract.