DEPOSIT INVOICE

Invoice #: [0000]
Date: [Date]

[Catering Company Name]

[Street Address]
[City, State, Zip]
[Phone Number]

CLIENT INFORMATION

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

EVENT DETAILS

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

DESCRIPTION	RATE/PRICE	QUANTITY	TOTAL
Formal Gala Catering Package (Initial Booking)	$0.00	1	$0.00
Service & Labor Fee Estimate	$0.00	1	$0.00

Estimated Event Total: $0.00
Deposit Percentage: [00]%
Deposit Amount Due: $0.00

TERMS & CONDITIONS

This deposit is required to secure the date for the aforementioned event. All deposits are [Non-Refundable/Partially Refundable] as per the signed service agreement. Final menu selections and headcount are required [00] days prior to the event date. Remaining balance is due [00] days prior to the event.

Thank you for choosing [Catering Company Name] for your event.