DEPOSIT INVOICE

INVOICE NUMBER
DATE OF ISSUE

[Catering Company Name]
[Address Line 1]
[Address Line 2]
[Phone Number]
[Email/Website]

CLIENT / ORGANIZATION
BILLING ADDRESS

EVENT DETAILS

Reception Date:

Venue:

Estimated Guest Count:

DESCRIPTION OF SERVICES	ESTIMATED TOTAL	DEPOSIT %	AMOUNT DUE
Formal Reception Catering Services (Initial Deposit)			

Total Estimated Event Cost: $ 0.00

DEPOSIT AMOUNT DUE: $ 0.00

TERMS & CONDITIONS

This deposit is required to secure the event date and services. Deposits are non-refundable unless otherwise specified in the primary Catering Agreement. Final headcount and remaining balance are due [Number] days prior to the event date.

Thank you for choosing [Catering Company Name] for your formal reception.