[CATERING ESTABLISHMENT NAME]

PREMIER EVENT SERVICES

DEPOSIT INVOICE

NO: _____
DATE: _____

CLIENT INFORMATION **[Client Name]**
[Client Address]
[Phone Number]
[Email Address]

EVENT LOGISTICS **Event: [Event Type/Title]**
Date: [Event Date]
Venue: [Venue Name]
Guest Count: [000]

DESCRIPTION OF SERVICES	ESTIMATED TOTAL	DEPOSIT %	AMOUNT DUE
Catering Services & Menu Selection [Package Name]	$0.00	0%	$0.00
Staffing, Rentals, & Beverage Service	$0.00	0%	$0.00

Subtotal: $0.00
Service Charge/Tax: $0.00
TOTAL DEPOSIT DUE: $0.00

PAYMENT TERMS & POLICIES

This deposit is required to secure the date and services outlined above. Deposits are non-refundable within [Number] days of the event. Final balance is due [Number] days prior to the event date.

[Website] • [Contact Email] • [Physical Address]