DEPOSIT INVOICE

Institution Name
Department/Catering Services
Address Line 1
City, State, Zip

Invoice #: _____
Date: _____
Due Date: _____

Bill To:

Organization/Client Name:
_____
Attention:
_____
Address:
_____

Event Details:

Event Name: _____
Event Date: _____
Venue/Room: _____
Est. Attendance: _____

Description of Services	Estimated Total	Deposit Amount
Banquet Catering Deposit Securing date and service for scheduled institutional event.	$	$

Subtotal: $ _____
Tax/Service Charge: $ _____

Total Deposit Due: $ _____
Payment Instructions:

Checks payable to: _____
For ACH/Wire transfers: _____
Internal Account Coding (if applicable): _____

Terms: This deposit is required to confirm the catering reservation. Deposits are non-refundable after [Date]. Final balance is due [Number] days prior to the event date based on final headcount.