DEPOSIT INVOICE

Invoice #: _____
Date: _____

[Catering Company Name]
[Address Line 1]
[City, State, Zip]
[Phone Number]

CLIENT INFORMATION

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

EVENT DETAILS

Event Name: [Name]
Event Date: [Date]
Venue: [Location]
Guest Count: [000]

Description	Estimated Total	Deposit %	Amount Due
Banquet Catering Services - Initial Deposit	$ 0.00	00%	$ 0.00

Subtotal: $ 0.00
Tax (___%): $ 0.00
DEPOSIT DUE: $ 0.00

PAYMENT INSTRUCTIONS

Please make checks payable to: **[Catering Company Name]**
For Bank Transfers: [Bank Name] | Account: [Number] | Routing: [Number]
Due Date: [Date]

Terms & Conditions: This deposit is required to secure the event date and is non-refundable within [Number] days of the event. The remaining balance is due [Number] days prior to the banquet date.