[CATERING COMPANY NAME]

[Street Address]
[City, State, Zip]
[Email/Phone]

DEPOSIT INVOICE

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

CLIENT / BILL TO: **[Client Name/Organization]**
[Contact Address]
[Phone Number]
EVENT INFORMATION: **Event:** [Event Name/Type]
Date: [Event Date]
Venue: [Venue Name/Location]

Description	Qty/Guest Count	Estimated Total
Catering Services (Full Quote Estimate)	[00]	$[0.00]
Required Deposit Percentage	[50]%	-

Estimated Event Total: $[0.00]
DEPOSIT DUE: $[0.00]

PAYMENT INSTRUCTIONS & TERMS

Please make checks payable to **[Catering Company Name]**.

This deposit is required to secure the event date and is [Non-Refundable/Subject to Terms]. The remaining balance is due [Number] days prior to the event date.