DEPOSIT INVOICE

Formal Banquet Catering Services

Invoice #: _____
Date: _____

CATERER INFORMATION

Company: _____
Address: _____
Phone: _____

CLIENT INFORMATION

Client/Org: _____
Event Name: _____
Event Date: _____

Description of Services & Venue	Guest Count	Estimated Total
_____	_____	$ _____
_____		

Estimated Event Subtotal: $ _____
Deposit Percentage: _____ %

TOTAL DEPOSIT DUE: $ _____

PAYMENT TERMS & FORMAL ACKNOWLEDGEMENT

This deposit is required to secure the date and services for the aforementioned banquet. Remaining balance is due _____ days prior to the event date. Cancellations made within _____ days of the event may result in forfeiture of this deposit.

Authorized Signature - Caterer

Authorized Signature - Client

Thank you for your business. Please include the invoice number on your remittance.