DEPOSIT INVOICE

[Catering Company Name]
[Street Address]
[City, State, Zip]

Invoice #: [00000]
Date: [Date]
Due Date: [Date]

CLIENT INFORMATION

[Client Name]
[Event Name/Type]
[Phone Number]
[Email Address]

EVENT DETAILS

Date: [Event Date]
Venue: [Venue Name/Address]
Guest Count: [000]

Description of Services	Estimated Total	Deposit %	Amount
Catering Services Deposit for [Event Date] (Non-refundable)	$0.00	0%	$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] | Acc: [Account Number] | Routing: [Routing Number]

Note: This deposit is required to secure the date and will be applied to the final invoice balance.