[CATERING COMPANY NAME]

DEPOSIT INVOICE

Client Details:
[Client Name]
[Client Address]
[Phone / Email]

Event Details:
Invoice #: [000]
Date: [Date]
Event Date: [Event Date]
Venue: [Venue Name]

DESCRIPTION	ESTIMATED TOTAL	DEPOSIT AMOUNT
Catering Services Deposit Securing date, menu planning, and staff coordination for [Guest Count] guests.	$0.00	$0.00

Event Estimate: $0.00
Deposit Percentage: 0%
TOTAL DEPOSIT DUE: $0.00

Payment Terms:
Deposit is non-refundable upon cancellation within [X] days of event. Balance is due [X] days prior to event date.