

[Consultant Name/Firm]
[Street Address]
[City, State, Zip]
[Email/Phone]

DEPOSIT INVOICE

No: [Invoice #]
Date: [Date]

BILL TO [Client Name]
[Client Company]
[Address]
[City, State, Zip]
PROJECT DETAILS Engagement: [Project Name/Ref]
Due Date: [Due Date]
PO Number: [PO #]

Description	Percentage	Amount
Upfront Deposit for Consulting Services As per engagement agreement dated [Date]	[00]%	[\$[0.00]]
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Subtotal		[\$[0.00]]
Tax ([0]%)		[\$[0.00]]
Total Deposit Due		[\$[0.00]]

PAYMENT INSTRUCTIONS

Please make checks payable to **[Consultant Name]** or pay via Wire/ACH:
Bank: [Bank Name] | Account: [Number] | Routing: [Number]

** Note: Work on this engagement will commence upon receipt of deposit.*