

INVOICE

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

Invoice #: [00001]
Date: [MM/DD/YYYY]
Due Date: [Upon Receipt]

BILL TO

[Client Name]
[Client Company]
[Address Line 1]
[Address Line 2]

PROJECT

[Project Title/Ref]
Engagement Deposit

| DESCRIPTION | PERCENTAGE | AMOUNT |
|-------------|------------|--------|
|-------------|------------|--------|

| | | |
|------------------------------------------------------------------------------|-------|--------|
| Upfront Deposit for Consulting Services Required for project commencement | [50]% | \$0.00 |
|------------------------------------------------------------------------------|-------|--------|

Subtotal: \$0.00
Tax: \$0.00

Total Due: \$0.00

Payment Instructions:

Please make checks payable to [Name] or wire transfer to [Bank Details].

This deposit is non-refundable and will be applied to the final project balance.