

# DEPOSIT INVOICE

[Consultancy Name]  
[Address Line 1]  
[City, State, Zip]

**Invoice #:** [000001]  
**Date:** [MM/DD/YYYY]  
**Due Date:** [Upon Receipt]

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**CLIENT [Client Name]**  
[Company Name]  
[Client Address]  
[Email/Phone]  
**PROJECT ENGAGEMENT [Project Title / Reference]**  
Estimated Start: [Date]  
Duration: [Expected Length]

Description of Services	Amount
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<b>Executive Consulting Retainer / Deposit</b>	
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Initial commitment fee for [Project Name] strategic advisory services.	
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	\$0.00
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Subtotal: \$0.00  
Tax (0%): \$0.00  
Deposit Due: \$0.00

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## PAYMENT INSTRUCTIONS

Please remit payment via Wire Transfer or ACH.  
Bank: [Bank Name] | Account: [Number] | Routing: [Number]  
*Note: Project commencement is contingent upon receipt of deposit.*