

# ADVANCE DEPOSIT INVOICE

[Your Company Name]  
[Address Line 1]  
[City, State, Zip]

**Invoice #:** [0000]  
**Date:** [MM/DD/YYYY]  
**Due Date:** [MM/DD/YYYY]

## BILL TO:

[Client Contact Name]  
[Client Organization Name]  
[Address]  
[Email/Phone]

## TRAINING DETAILS:

**Program:** [Title of Group Training]  
**Scheduled Date:** [MM/DD/YYYY]  
**Group Size:** [Approx. Number of Participants]

Description	Full Quote	Deposit %	Amount Due
Advance Deposit for Group Training Services	\$0.00	[00]%	\$0.00

Total Project Estimate: \$0.00

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**DEPOSIT DUE NOW: \$0.00**

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**Payment Instructions:**

Please make checks payable to **[Your Company Name]** or pay via bank transfer to:

Bank: [Bank Name] | Account: [Number] | Routing: [Number]

*Note: This deposit is required to secure the training date(s). The remaining balance will be invoiced upon completion of the training.*