

DEPOSIT INVOICE

[Venue Name]
[Address Line 1]
[Email/Phone]

Invoice #: _____
Date: _____

Bill To:

[Client Name / Company]
[Billing Address]
[Contact Person]

Event Details:

Seminar Title: _____
Event Date: _____
Space/Room: _____

Description	Total Rental Fee	Deposit Percentage	Amount Due
Security Deposit for Seminar Space Rental	\$	%	\$
Equipment / AV Booking Deposit	\$	%	\$

Total Deposit Due: \$ _____

Due Date: _____

Payment Instructions:

Please make checks payable to: [Payee Name]
Bank Transfer: [Bank Name] | Account: [Number] | Routing: [Number]

Terms: This deposit is required to secure the venue for the specified dates. Deposits are [Refundable/Non-refundable] as per the signed rental agreement. Please attach a copy of this invoice with your payment.