

RETAINER INVOICE

[Space Name / Company Name]
[Address Line 1]
[City, State, Zip]

INVOICE # [00000]
DATE [Month DD, YYYY]

CLIENT / LICENSEE [Client Name]
[Company Name]
[Phone / Email]
EVENT DETAILS **Event Name:** [Event Title]
Event Date: [Month DD, YYYY]
Venue: [Room/Hall Name]

Description	Amount
Non-Refundable Security Deposit / Retainer To secure venue booking and date exclusivity.	\$0.00
Incidental Damage Deposit (Refundable post-event)	\$0.00
Total Deposit Due: \$0.00	

PAYMENT INSTRUCTIONS

Please make checks payable to [Company Name] or pay via ACH/Wire: [Account Details].
Due Date: [Month DD, YYYY]

Note: This retainer is required to finalize your reservation. The remaining balance for the event space rental is due [Number] days prior to the event date. Please refer to your Venue Hire Agreement for cancellation policies.