

DEPOSIT INVOICE

Invoice #: _____

Date: _____

[Venue Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

BILL TO:

[Corporate Client Name]

[Company Address]

[Attention: Name/Department]

EVENT DETAILS:

Seminar Title: [Title]

Event Date: [Date]

Expected Guests: [Number]

Description of Service	Full Quote	Deposit %	Amount Due
Corporate Seminar Venue Hire & Facilities	\$ 0.00	0%	\$ 0.00
Catering & Technical Equipment Deposit	\$ 0.00	0%	\$ 0.00

Subtotal: \$ _____

Tax: \$ _____

Total Deposit Due: \$ _____

Payment Terms: Deposit is non-refundable and required to secure the venue for the specified dates.
Final balance is due [Number] days prior to the event.

Payment Method: [Bank Name] | Account: [Number] | Wire Transfer / ACH