

DEPOSIT INVOICE

[Venue Name]
[Street Address]
[City, State, Zip]

BILL TO

[Client Organization]
[Contact Name]
[Client Address]

DETAILS

Invoice #: [00000]
Date: [Date]
Seminar Date: [Date]
PO #: [Number]

Description	Seminar Venue / Room	Total Quote	Deposit %
Initial Venue Deposit: [Executive Seminar Title]	[Suite Name/Ballroom]	\$0.00	0%

Subtotal: \$0.00
Tax: \$0.00
Deposit Due: \$0.00

PAYMENT TERMS & INSTRUCTIONS

Please remit payment by: [Date]

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

Note: This deposit is required to confirm the venue booking for the specified dates. Deposits are [non-refundable/subject to contract terms].

Thank you for choosing [Venue Name] for your executive event.