

# DEPOSIT INVOICE

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

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_  
Due Date: \_\_\_\_\_

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## Client / Organization:

[Company Name]  
[Contact Person]  
[Billing Address]  
[Email/Phone]

## Event Information:

Seminar Name: \_\_\_\_\_  
Event Date: \_\_\_\_\_  
Reference: \_\_\_\_\_

Description	Rate/Fee	Deposit %	Total Due
Corporate Venue Hire Deposit (Non-Refundable)	\$ 0.00	___ %	\$ 0.00
Catering & Equipment Pre-payment	\$ 0.00	___ %	\$ 0.00

Subtotal: \$ 0.00  
Tax / VAT: \$ 0.00  
Deposit Amount: \$ 0.00

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**Payment Instructions:**

Bank Name: [Name] | Account Name: [Name] | Account Number: [Number] | Routing/Swift: [Code]

**Terms:**

Please note that the seminar date is not officially reserved until the deposit is received. All deposits are subject to the standard cancellation policy outlined in the Venue Hire Agreement.