

# DEPOSIT INVOICE

Invoice #:

Date:

**[Venue/Organization Name]**

[Street Address]

[City, State, Zip]

[Contact Email/Phone]

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## CLIENT DETAILS

**Name:**

**Organization:**

**Address:**

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## EVENT INFORMATION

**Seminar Hall:**

**Event Date:**

**Expected Attendees:**

Description	Rate	Quantity	Amount
Seminar Hall Reservation (Base Fee)			
Technical/AV Support Package			

Description	Rate	Quantity	Amount
Administrative/Booking Fee		1	

Total Quotation:

Deposit Required (%):

Total Deposit Due:

#### PAYMENT TERMS & INSTRUCTIONS

1. Please make checks payable to **[Organization Name]**.
2. Wire Transfer: [Bank Name] | Account: [Number] | Routing: [Number].
3. This deposit is non-refundable if cancellation occurs within [X] days of the event.
4. Remaining balance is due [X] days prior to the event date.