

# DEPOSIT INVOICE

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

**[Seminar Facility Name]**

[Street Address]

[City, State, Zip]

[Phone/Email]

---

## CLIENT INFORMATION

**[Organization/Name]**

[Contact Person]

[Billing Address]

[Phone/Email]

## EVENT DETAILS

**Event:** [Seminar Title]

**Date:** [Event Date]

**Venue:** [Room/Hall Name]

**Status:** Booking Deposit

Description of Services	Quantity/Days	Unit Price	Amount
Facility Rental Security Deposit (Refundable)	___	\$0.00	\$0.00
Booking Reservation Fee (Non-refundable)	___	\$0.00	\$0.00
Equipment/AV Pre-payment Deposit	___	\$0.00	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Total Deposit Due: \$0.00

---

**Payment Instructions:**

Please make checks payable to **[Facility Name]**.

Bank Transfer: [Bank Name] | Account: [Account Number] | Routing: [Routing Number]

*Note: This deposit is required to confirm your reservation. Cancellation policies apply as per the signed rental agreement.*