

DEPOSIT PAYMENT RECORD

Receipt #:

Date:

Venue Provider:

[Company Name]

[Address Line 1]

[City, State, Zip]

[Contact Number]

Client / Organizer:

[Client Name/Organization]

[Address Line 1]

[Contact Person]

[Email/Phone]

Seminar Information:

Event Title:

Event Date:

Room/Hall:

Description	Reference	Amount
Initial Location Booking Deposit	Seminar Date: <input type="text"/>	\$ <input type="text"/>
Security / Damage Deposit (Refundable)	-	\$ <input type="text"/>
		Total Paid: \$ <input type="text"/>
		Remaining Balance: \$ <input type="text"/>
		Final Payment Due Date: <input type="text"/>

Payment Method:

Cash Check Card Wire

Authorized Signature (Venue)

Client Signature

Note: This deposit confirms your reservation. Terms and cancellation policies apply as per the signed rental agreement.