DEPOSIT INVOICE

[Studio Name]
[Address Line 1]
[City, State, Zip]
[Email/Phone]

INVOICE NUMBER #[000]
DATE ISSUED [Date]
PROJECT REF [Client Name / Property Address]

BILL TO:

[Client Name]
[Site Address]
[Contact Email]

PROJECT SCOPE:

[Brief Description of Garden Design Services, e.g., Master Planning, Planting Schemes, Hardscape Detail]

Service Description	Total Project Fee	Deposit %	Amount Due
Phase 1: Concept Design & Site Analysis Initial consultation, site survey, and mood boards.	[0.00]	[0%]	[0.00]
Phase 2: Detailed Design Development Technical drawings, 3D renders, and material specifications.	[0.00]	[0%]	[0.00]

Service Description	Total Project Fee	Deposit %	Amount Due
Phase 3: Planting & Softscape Plan Horticultural selection and irrigation layouts.	[0.00]	[0%]	[0.00]

Subtotal: [0.00]
Tax/VAT ([0%]): [0.00]

Total Deposit Due: [Currency Symbol] [0.00]

PAYMENT TERMS

Deposit is required prior to commencement of design works. Final balance due upon delivery of specified phases.

BANK TRANSFER DETAILS

Bank: [Bank Name]
Account: [Number]
Routing/Sort Code: [Code]

Thank you for the opportunity to design your outdoor space.