

GARDEN DESIGN & LAYOUT

[Street Address]
[City, State, Zip]
[Email / Phone]

DEPOSIT INVOICE

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

Client:

[Client Name]
[Property Address]
[Phone Number]

Project Reference:

[Project Name/Phase]
Site Area: [Sq Ft / Acres]

Description of Services	Estimated Total	Deposit %	Amount
Initial Landscape Site Analysis & Conceptual Layout Design	\$0.00	0%	\$0.00
Planting Palette Selection & Hardscape Mapping	\$0.00	0%	\$0.00
Project Subtotal: \$0.00			
Total Deposit Due: \$0.00			

Payment Terms: This deposit is required to secure the project start date and cover initial drafting costs. Remaining balance will be invoiced upon milestone completion.

Notes: Please include the Invoice Number with your bank transfer or check payment.