DEPOSIT INVOICE

Invoice #: _____
Date: _____

Catering Company Name
123 Business Way
City, State, Zip
Phone: (555) 000-0000

Client Details Name: _____
Phone: _____
Email: _____
Event Details Event Date: _____
Location: _____
Guest Count: _____

Description	Amount
Total Estimated Event Cost	$ 0.00
Required Deposit Percentage (___%)	$ 0.00

Deposit Due: $ 0.00
Due Date: _____

Payment Terms: Deposits are non-refundable. Remaining balance is due _____ days prior to the event date.

Payment Methods: [ ] Check [ ] Credit Card [ ] Bank Transfer