RECEIPT

Non-Refundable Booking Deposit

Receipt No: _____

Date: _____

RECEIVED FROM (CLIENT)

Name / Company:

Address:

Phone:

Email:

RECEIVED BY (PROVIDER)

Company / Name:

Address:

Phone:

Email:

BOOKING & SERVICE DETAILS

Booking / Event Date	Description of Services / Booking Items	Venue / Location

PAYMENT BREAKDOWN

Total Estimated Booking Value: _____

Deposit Amount Paid (Non-Refundable): _____

Remaining Balance Due: _____

Payment Method: _____

Balance Due Date: _____

NON-REFUNDABILITY ACKNOWLEDGMENT

By signing below, the Client acknowledges and agrees that the deposit amount listed above is paid to secure the specified booking date, times, and services. This deposit is strictly **non-refundable** and **non-transferable** in the event of cancellation, postponement, or change of mind by the Client. The remaining balance must be paid in full by the due date specified above to maintain the

booking.

AUTHORIZED REPRESENTATIVE SIGNATURE

Date: _____

CLIENT SIGNATURE (ACKNOWLEDGMENT OF TERMS)

Date: _____