

DEPOSIT RECEIPT

Receipt No:

Date:

CLIENT DETAILS

Client Name:

Contact Person:

Phone:

Email:

EVENT DETAILS

Event Type:

Event Date:

Venue:

Guest Count:

DESCRIPTION	DESCRIPTION	PAYMENT METHOD	AMOUNT

Total Estimated Cost:
Deposit Paid:
Remaining Balance:

AUTHORIZED REPRESENTATIVE SIGNATURE

CUSTOMER SIGNATURE

Terms & Conditions:

1. This receipt confirms the payment of the booking deposit specified above.
2. Deposits are non-refundable unless otherwise specified in the primary event agreement.
3. The remaining balance must be cleared by the due date specified in the main contract.