

VENUE HOLDING FEE RECEIPT

Receipt No:

Date:



Venue Logo / Stamp

VENUE DETAILS

Venue Name:

Address:

Phone:

Email:

CLIENT DETAILS

Client Name:

Address:

Phone:

Email:

EVENT INFORMATION

Event Type:

Scheduled Date:

Start / End Time:

Estimated Guests:

PAYMENT METHOD

Method of Payment:

Reference / Check

No:

Received By:

DESCRIPTION	AMOUNT DUE	AMOUNT PAID
Venue Reservation Holding Fee		
Total Paid:		
Remaining Balance:		

Balance Due Date:

TERMS & CONDITIONS

Authorized Venue Representative

Client Signature