



DEPOSIT RECEIPT

Receipt No: _____

Date: _____

CLIENT INFORMATION

Client Name:

Company/Org:

Phone Number:

Email Address:

RESERVATION DETAILS

Event Venue / Hall Name:

Scheduled Event Date:

Type of Event:

Estimated Guest Count:

PAYMENT INFORMATION

Payment Method	Amount Details
<input type="checkbox"/> Cash	Deposit Amount Paid:
<input type="checkbox"/> Check	
<input type="checkbox"/> Card	Remaining Balance:
<input type="checkbox"/> Bank Transfer	
Ref / Check / Trans No: _____	Balance Due Date: _____

Terms & Conditions:

1. The deposit amount listed above is required to secure the venue reservation for the specified date and time.
2. This deposit is _____ (refundable / non-refundable) under the terms of the main rental contract.
3. The remaining balance must be paid in full on or before the specified Balance Due Date.
4. Cancellation policies and penalty details are governed by the primary Venue Reservation Agreement.

Authorized Representative Signature

Received By / Date

Client Signature

Paid By / Date