

# CATERING ESTIMATE

**[Catering Company Name]**

[Street Address]

[Phone / Email]

Estimate #: \_\_\_\_\_

Date: \_\_\_\_\_

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## CLIENT / GUEST OF HONOR

**[Name]**

[Phone Number]

[Email Address]

## EVENT DETAILS

**Birthday Celebration**

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Guest Count: \_\_\_\_\_

Description	Qty/Guests	Unit Price	Amount
Food Service (Per Head/Package)			
Beverage Service			
Service Staff / Labor			
Equipment Rental / Linens			

Description	Qty/Guests	Unit Price	Amount
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Delivery & Setup Fee

Subtotal: \$ \_\_\_\_\_  
 Sales Tax: \$ \_\_\_\_\_  
 Service Charge/Gratuuity: \$ \_\_\_\_\_  
 Estimated Total: \$ \_\_\_\_\_

**Terms & Notes:**

1. This is an estimate only, based on current guest counts and selections.
2. Final menu selection and headcount due [Number] days prior to event.
3. A deposit of [Percentage]% is required to secure the date.