

# ESTIMATE

[Catering Company Name]  
[Address Line 1]  
[Phone Number]

ESTIMATE # [0000]  
DATE: [MM/DD/YYYY]  
EVENT DATE: [MM/DD/YYYY]

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## CLIENT INFORMATION

[Contact Name]  
[Business/Organization]  
[Email Address]  
[Phone Number]

## EVENT DETAILS

[Venue Name/Office Location]  
[Delivery Time]  
[Headcount: 00 guests]

Description	Qty/Unit	Price	Total
Main Entree Selection: [Item Name]			
Sides & Salads: [Item Names]			
Beverage Service: [Item Names]			

Description	Qty/Unit	Price	Total
Assorted Dessert Platter			
Service Fee / Delivery / Setup	1		
Subtotal \$0.00			
Tax \$0.00			
<b>Total Estimate \$0.00</b>			

**TERMS & NOTES**

This is an estimate for services based on the provided headcount. Final confirmation is required [00] days prior to the event. Prices are valid for 30 days. Dietary restrictions and menu adjustments may affect final pricing.