

ESTIMATE

Food Service / Catering

Estimate #: _____

Date: _____

Provider:

Client / Conference:

Event Details:

Date: _____ Guest Count: _____ Venue: _____

Item / Service Description	Quantity	Unit Price	Total
Breakfast Service (Continental/Hot)			
Mid-Morning Coffee & Snack Break			
Buffet Lunch Service			
Afternoon Refreshments			
Staffing & Service Fees			

Item / Service Description	Quantity	Unit Price	Total
Equipment Rental / Linens			
		Subtotal: \$	_____
		Tax: \$	_____
		Gratuity/Service Charge: \$	_____
			Estimated Total: \$ _____

Notes: _____

This estimate is valid for 30 days. Final guest count must be confirmed 72 hours prior to the event.