

CATERING PROPOSAL

[Catering Company Name]

PROPOSAL #
DATE

CLIENT INFORMATION

Name / Organization:

Phone:

Email:

EVENT DETAILS

Event Date:

Venue Location:

Guest Count:

MENU & SERVICE DETAILS

Description

Quantity

Unit Price

Total

Description

Quantity

Unit Price

Total

Subtotal \$ 0.00

Service Fee (%) \$ 0.00

Tax \$ 0.00

Grand Total \$ 0.00

TERMS & CONDITIONS

1. A non-refundable deposit is required to confirm the date.
2. Final guest count must be confirmed 7 days prior to the event.
3. Remaining balance is due on or before the event date.

CLIENT SIGNATURE

CATERER SIGNATURE

Thank you for your business. We look forward to serving you.