

CATERING ESTIMATE

Company Name
Street Address
City, State, Zip
Phone | Email

Estimate #: _____
Date: _____
Valid Until: _____

CLIENT INFORMATION

Name: _____
Organization: _____
Phone: _____
Email: _____

EVENT DETAILS

Event Date: _____
Guest Count: _____
Venue: _____
Service Type: _____

| Description | Quantity / Pax | Unit Price | Total |
|-----------------------|----------------|------------|-------|
| Food & Menu Selection | | | \$ |
| Beverage Service | | | \$ |

| Description | Quantity / Pax | Unit Price | Total |
|-------------------------------|----------------|------------|-------|
| Staffing & Labor | | | \$ |
| Rentals (Linens, China, etc.) | | | \$ |
| Delivery & Setup | | | \$ |

Subtotal: \$ _____
 Service Charge (___%): \$ _____
 Tax: \$ _____
 Estimated Total: \$ _____

NOTES & TERMS

- â€¢ A deposit of ___% is required to secure the event date.
- â€¢ Final head count must be confirmed ___ days prior to the event.
- â€¢ This is an estimate only; final costs may vary based on actual consumption and requests.