

ESTIMATE

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

Estimate #: [000]
Date: [MM/DD/YYYY]
Event Date: [MM/DD/YYYY]

CLIENT:

[Client Name]
[Organization]
[Email/Phone]

EVENT DETAILS:

Location: [Venue Name]
Guest Count: [00]
Service Style: [Buffet/Plated]

Description	Qty/Guests	Rate	Total
Menu Selection: [Main Package Name]	0	\$0.00	\$0.00
Staffing/Service Labor	0	\$0.00	\$0.00
Equipment & Rentals (Linens, etc.)	1	\$0.00	\$0.00
Delivery & Setup Fee	1	\$0.00	\$0.00

Subtotal: \$0.00

Sales Tax: \$0.00

Service Charge (Gratuity): \$0.00

Estimate Total: \$0.00

Notes & Terms:

This estimate is valid for 30 days. A [00]% deposit is required to secure the date. Final guest count must be confirmed 7 days prior to the event.