EPISD Express Catering Services

6531 Boeing Drive, El Paso, TX 79925

Initial Estimate/Billing Form

Phone: 236-8449 or 230-2165

Event Title: _____

Department: _____

Day/Date: _____ Setup Time: _____

Production Site: _____ Serving Time: _____

Service Site: _____ Contact Person: _____

Number of Attendees: _____ Phone Number: _____

Responsible Person: _____ Fax Number: _____

Menu Item	Quantity	Adjusted	Unit Cost	Total Price
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-

Table Covers $5.00	x	_____	Covers =	$ -		Subtotal	$ -
Table Drapes $15.00	x	_____	Drapes =	$ -			
Reg Labor $12.00	x	_____	Hours =	$ -		Optional Service	_____
OT Labor $24.00	x	_____	Hours =	$ -			
*Delivery Fee	$	10%	Cancel/Modify Fee	_____		Adjustment	
			Days	_____		Balance Due	$ -

***PLEASE NOTE**: Grant funds may not be used for delivery charges.

Special Instruction: Please refer to the EPISD Express Catering Menu & Price List. **Print on Ivory paper.** ***Please confirm the day before. Please label all trays with event name, time, and responsible person***.

Disclaimer: This form is for estimate purposes only. Any additions, deletions or changes authorized by the client after this initial estimate is signed will result in a change in the final billing.

Signature of Department Head: _____

Account to be billed: _____

(OR check payment to be made within five working days) Initial here if paying by check: _____

Received By _____

Revised 8/11/2015