



**EPISD EXPRESS CATERING SERVICES
INITIAL ESTIMATE/BILLING FORM**

EPISD EXPRESS CATERING SERVICES, 6531 Boeing Drive, El Paso, TX 79925

Phone: 771-1102

Fax: 771-1112

Event Title: _____

Initial Estimate \$ _____

Day/Date: _____

Setup Time: _____

Production Site: _____

Serving Time: _____

Service Site: _____

Contact Person: _____

No of Attendees: _____

Phone Number: _____

Responsible Person: _____

Fax Number: _____

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

Table Covers \$5.00x _____	Covers=	\$ -	Subtotal	\$ -
Table Drapes \$15.00x _____	Drapes=	\$ -		
Reg Labor \$12.00x _____	Hours=	\$ -	Opt Service	-
OT Labor \$24.00x _____	Hours=	\$ -		
Del Fee \$ _____	0 Cancel/Modif Fee		Adjustment	
	Days _____		Balance Due	\$ -

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 even 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 _____