

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: Production Site: Service Site: Number of Attendees: Responsible Person:		Setup Time: Serving Time: Contact Person: Phone Number: Fax Number:		
Menu Item	Quantity	Adjusted	Unit Cost	Total Price
				-
				-
				-
				-
				-
				1
				-
Table Covers \$5.00 x	Covers =	\$ -	Subtotal	\$ -
Table Drapes \$15.00 x	-	\$ -		
Reg Labor \$12.00 x		\$ - Op	tional Service	
OT Labor \$33.00 x *Delivery Fee \$ 15%	Hours = Cancel/Modify Fee		Adjustment	
*PLEASE NOTE: Grant funds may not be us	sed for		·	
delivery charges.	Days		Balance Due	\$ -
Disclaimer: This form is for estimate purpose initial estimate is	es only. Any additions, s signed will result in a		•	the client after this
Signature of Department Head:			_	
			-	
(OR check payment to be made within Received By			aying by checl	k:

Revised 10/1/2018