

CATERING WORKSHEET

Vendor Information		
Name of Caterer	<hr/>	
Contact Person	<hr/>	
Phone Number	<hr/>	
Alternate Contact Person	<hr/>	
Alternate Phone Number	<hr/>	
“Day of” Phone Number	<hr/>	
Cell Phone Number	<hr/>	
Fax Number	<hr/>	
Email Address	<hr/>	
Banquet Captain	<hr/>	

Things to Ask		
Cancellation Policy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Deposit Required	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • Deposit Due Date 	<hr style="display: inline-block; width: 100px;"/> /____/____	
Insurance Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Liquor License	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Service Rate (Gratuity)	<hr/>	
Tax Rate	<hr/>	
Overage Percentage	<hr/>	

Checklist	Completed	Date
Choose Dining Format (reception, dinner, etc.)	<input type="checkbox"/>	<hr style="display: inline-block; width: 100px;"/> /____/____
Estimate Guest Count	<input type="checkbox"/>	<hr style="display: inline-block; width: 100px;"/> /____/____
Get Estimate/Proposals	<input type="checkbox"/>	<hr style="display: inline-block; width: 100px;"/> /____/____
Choose Caterer	<input type="checkbox"/>	<hr style="display: inline-block; width: 100px;"/> /____/____