

# CATERING WORKSHEET

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

Things to Ask	
Cancellation Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deposit Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Deposit Due Date	_____ / _____ / _____
Insurance Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No
Liquor License	<input type="checkbox"/> Yes <input type="checkbox"/> No
Service Rate (Gratuity)	_____
Tax Rate	_____
Overage Percentage	_____

Checklist	Completed	Date
Choose Dining Format (reception, dinner, etc.)	<input type="checkbox"/>	_____ / _____ / _____
Estimate Guest Count	<input type="checkbox"/>	_____ / _____ / _____
Get Estimate/Proposals	<input type="checkbox"/>	_____ / _____ / _____
Choose Caterer	<input type="checkbox"/>	_____ / _____ / _____

	<input type="checkbox"/>	
Ensure Caterer has Adequate Insurance	<input type="checkbox"/>	____/____/____
Coordinate Financial Planning w/ Treasurer/HAO Office	<input type="checkbox"/>	____/____/____
Set Up Tasting	<input type="checkbox"/>	____/____/____
Choose Menus	<input type="checkbox"/>	____/____/____
Contract Signed		____/____/____
	\$ _____	
Deposit Paid	<input type="checkbox"/>	____/____/____
Finalize Menu	<input type="checkbox"/>	____/____/____
Discuss special needs (kosher, low fat, veg)	<input type="checkbox"/>	____/____/____
Head Count Guarantee/Seating	\$ _____	____/____/____
Grand Total	\$ _____	____/____/____
Balance Paid		____/____/____