

Caterer's Check List

Name client _____

Address of function _____

Address of client _____

Phone number () Day () Evening () Cell

Date of the function _____ Time _____

Type of function _____

Number of people, including hosts _____

- _____ Self serviced
- _____ Serving time
- _____ Schedule of events
- _____ Special scheduling requirements
- _____ Dancing time
- _____ Speeches time
- _____ Entertainment time
- _____ Others _____
- _____ Seating plan, on-site kitchen plan (sketches attached)
- _____ Menu completed and approved by client
- _____ Equipment list attached
- _____ Additional equipment needed
- _____ Rented
- _____ Purchase
- _____ Transportation checklist completed and attached
- _____ Final changes confirmed with client (three days before event)
- _____ Vehicle loaded checked list
- _____ Route known
- _____ Vehicle loaded using
- _____ Post event clean up
- _____ At the client's site
- _____ Carry back to catering kitchen
- _____ Check list for returning items
- _____ Final bill presented to client
- _____ Gratuities included
- _____ Not included
- _____ Paid in full

Notes _____