

Event: _____ **BEO #:** _____ **Status:** _____

EVENT & CLIENT

Client / company: _____

On-site contact: _____

Phone / email: _____

Event date: _____

Start time: _____

End time: _____

Venue / location: _____

Guest count (final): _____

TIMELINE

Time	Activity

MENU

Course	item	Qty	Dietary notes

BEVERAGES

Beverage	Notes (hosted / cash / count)

STAFFING

Role	#	Call time

SETUP & EQUIPMENT

Notes: _____

Tables Linens AV Bar Dance floor Staging

BILLING SUMMARY

Subtotal	\$ _____
Tax (____ %)	\$ _____
Total	\$ _____
Deposit (____ %)	\$ _____
Balance due	\$ _____