

Summary of Service

Prepared For:	Deena Rawleigh Austin Public Health	Event Date:	3/7/2024 - Thursday
Address:		Phone:	Work: (512) 748-1654
Email:	deena.rawleigh@austintexas.gov		
Proposal #:	94898	Guest Count:	100
Service Style:	Delivery	Occasion:	Corporate Event
Salesperson:	John Bohne john@pokejos.com		
Venue:	Freedom Home Baptist Church 3405 Oak Springs Dr Austin, TX 78721	Last Change:	2/1/2024
Timeline:	4:15 PM Pok-e-Jo's Staff arrives Onsite		
	5:00 PM Event Start		

Food

Qty	Description	Unit Price	Total
100	BBQ 2 Meat/ 3 Side Delivery	\$16.75	\$1,675.00
Note:	Smoked Brisket, Sausage, Garden Salad, Pint Condiments, Iced Tea (ice, lemons, sweetener ware no dessert		
		Food Subtotal	\$1,675.00
		Charges:	\$1,675.00
		Payments:	\$0.00
		Total:	\$1,675.00
		Gratuity:	
		Balance Due:	

Delivery Event Pricing & Service

Pricing includes our staff arriving 15-30 minutes before your scheduled service time, bringing your selected menu items in disposable containers along with disposable serving utensils, a picnic checkered disposable linen, disposable dining plate ware, picnic packs (utensils, napkin, salt & pepper in plastic wrapping) and cups. PoK-e-Jo's staff will arrange the food buffet style on your provided tables or serving area and ensure you are set up before departing. All event costs are dependent on final confirmation of details & final number of guests. Pricing is subject to change according to final guest count.

Agreement & Date Reservation

To confirm your event, PoK-e-Jo"s will need credit card information to reserve the date. Payment by check is available if preferred, and in this case credit card information is not needed. Payment is due the day of the event, except for established accounts. Gratuity is at the discretion of the client.

I have reviewed the previous information and would like to contract PoK-e-Jo"s Smokehouse, Inc. to service my event.

Credit Card Authorization

Number:	

Exp Date:	CVV:	
EAP Duite.	0	

Billing Zip Code: _____

Name on Card: _____

Authorized Amount:	\$
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Signature:	
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Client Signature

Signer Name:

Sign Date: