

**Catering Menu Order Form**

	Quantity	Per Person	Total		Quantity	Price Each	Total
<b>Morning Break</b> Delivery Time:				<b>Pizza -</b>			
<i>The Express</i>		\$2.75		Cheese & one topping,			
<i>The Pastry Shop</i>		\$4.50		16" pizza, 8 slices		\$8.95	
<i>The Continental</i>		\$5.95		Toppings, each:		\$0.50	
				Select: Pepperoni Mushrooms Peppers Onions			
<b>Build your Own Break</b>				<b>Afternoon Snacks</b> Del Time:	Quantity	Per Person	Total
Freshly brewed premium coffee & tea		\$1.50		The Muncher		\$3.50	
Asst'd juices (or sodas) & bottled water		\$1.25		The Healthy Choice		\$4.50	
Asst'd bagels, muffins & pastries		\$1.75		Chips & Pretzels		\$1.50	
Fresh seasonal fruit salad		\$1.50		Cheese & Crackers		\$3.50	
Fresh yogurt parfait cups		\$1.95		Veggies & Dip		\$2.95	
Refresh breakfast break, per person		\$1.25		Nachos & Dip		\$2.50	
				Cookies & Brownies		\$1.50	
<b>Lunch Break</b> Delivery Time:				Whole Fruit		\$1.25	
<i>Deli Sandwiches</i>		\$8.95		Sodas & Bottled Water		\$1.25	
<i>Deli Platter</i>		\$8.95		Coffee and Tea		\$1.50	
Large Garden Salad		\$1.50					
<b>Hot Entrées -</b> Select Salad: Caesar or Tossed		\$9.95		Total Order		\$	
<i>Please inquire as to our daily selection of Hot</i>				5% Meal Tax		\$	
<i>Entrées. Meals are served with choice of salads,</i>				Delivery		\$	
<i>rolls, vegetable, starch, beverages &amp; desserts</i>				Total Due		\$	
				Special Instructions:			
<b>Entrée Salads -</b>							
Grilled Chicken Caesar		\$7.95					
Classic Chef's Salad		\$7.95					
Teriyaki Chicken Salad		\$7.95					
Greek Chicken Salad		\$7.95					

For next day delivery, place orders by 2:30 pm  
24 - 48 Hours notice may be required

\$10 delivery charge for orders under \$40  
Prices subject to 5% meal tax  
Normal catering hours: 7:00 am - 2:30 pm

\*Please note: Pickup time must be indicated. Latest delivery and pickup is 2:30 pm.

Delivery Date: \_\_\_\_\_ Delivery Time: \_\_\_\_\_ Pickup Time:\* \_\_\_\_\_ Phone: \_\_\_\_\_

Deliver to Name/Location: \_\_\_\_\_ Order Placed by: \_\_\_\_\_

Payment type (select one): Amex M/C Visa Discover \_\_\_\_\_ Fax: \_\_\_\_\_

Credit Card No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

Direct Bill to: \_\_\_\_\_ Cost Center No: \_\_\_\_\_ Please provide email address for confirmation