



Catering Order Form

Name: _____ PU Date: _____

Phone: _____ PU Time: _____

Boxed Lunches

QTY.	SIZE	SUB	MW	DRINK	SPECIAL

Subs by the Box

Box Qty. _____

SUB	MW	SPECIAL

Box Qty. _____

SUB	MW	SPECIAL

Box Qty. _____

SUB	MW	SPECIAL

Box Qty. _____

SUB	MW	SPECIAL

Salads/Sweets/Drinks

	QTY.	DESCRIPTION	SPECIAL INSTRUCTIONS
CHIPS			
BOTTLED DRINKS			
DOZEN COOKIES			
DOZEN BROWNIES			
TOSSED SALAD			
CHICKEN SALAD			
ICED TEA (1 GALLON)			

Order taken by: _____

Date: _____

Time: _____

Discount: _____

Price: _____



Catering Order Form Continued

Check List

Supplies	Quantity	Marketing	Quantity	Type
<input type="checkbox"/> Paper Plates	_____	<input type="checkbox"/> Bnc Backs	_____	_____
<input type="checkbox"/> Napkins	_____	<input type="checkbox"/> Magnets	_____	
<input type="checkbox"/> Mustard/Mayo Packets	_____	<input type="checkbox"/> Fax Forms	_____	
<input type="checkbox"/> Forks	_____	<input type="checkbox"/> T.O. Menus	_____	
<input type="checkbox"/> Knives	_____	<input type="checkbox"/> Catering Menus	_____	
<input type="checkbox"/> Sides (check specials section)				

Follow-Up

Date: _____

Time: _____

Comments:

Manager/Crew: _____