

**Northern Illinois University
HSC Campus Catering Box Meal Form**

Department Name: _____ Date of Event: _____
Client Name: _____ Guaranteed Attendance: _____
Phone #: _____ Start Time: _____ End Time: _____
Fax #: _____ Account Number: _____
Set up Location & time: _____ Equipment pick up: _____

BOX MEAL
\$10.50 P/P

Includes: One sandwich on a Kaiser Roll with Swiss or American Cheese,
Lettuce, Tomato, Pickles, bag of Chips, Cookie and Beverage

Choose one: Whole Fruit _____ or Vegetable snack _____

Division of sandwich chosen (amounts on line)

Roast Beef w/American _____	Roast Beef w/Swiss _____
Turkey w/American _____	Turkey w/Swiss _____
Ham w/American _____	Ham w/Swiss _____
Vegetarian _____	

Pepsi Product assortment _____ OR all bottled Water _____

NUMBER of GUESTS _____ x \$10.50 P/P = Estimated Total \$ _____

Additional Linens: Tables clothed and skirted \$25.00 each.
Tables clothed for guests (rounds, cocktail rounds, 6 ft. or 8 ft. tables) \$5.00 each

Today's Date _____ Customer Signature _____

(office use only: Order Guaranteed By: _____)

Service Agreement: Total above is an estimate. Actual total will be billed after service due to event's additional needs or requests.
Sales tax will be waived with advance presentation of valid tax exemption letter. (NIU exemption letters already on file.)