

**Northern Illinois University
HSC Campus Catering Executive 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: _____

EXECUTIVE BOX MEAL

\$15.50 P/P

Cloth and skirting included on food and beverage tables

Includes: Pasta Salad of the day, Dessert bar, House Mint Treat

Choose one: Apple slices w/caramel dip _____ or Fruit cup _____

Division of entrée chosen (Amounts on line)

Chicken Caesar Salad _____

Chicken Wrap _____

Marinated Veggie Wrap _____

Deli Meat Trio Baguette _____

Choose: Bottle Water _____ or Soda (Pepsi Products) _____

NUMBER of GUESTS _____ x \$15.50 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.)