

**Northern Illinois University
HSC Campus Catering Sandwich Buffet 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: _____

SANDWICH BUFFET

\$15.50 P/P

Add Soup: \$16.50P/P

Cloth and skirting included on food and beverage tables

HSC disposable service

Soup w/crackers, *choose one*: Soup du Jour _____

Vegetarian soup _____

Turkey breast, roast beef, salami, ham

American, Swiss & Provolone

Asst'd buns & bread / Potato chips

lettuce, onions, tomato, dill pickle spears & condiments

Cookie and Bar tray

SELECT TWO: Coleslaw, Potato Salad, Fresh Fruit bowl, Baked Beans, Rotini Salad,
Broccoli & Cauliflower Salad w/Raisins

Selections: 1 _____ 2 _____

Includes: Coffee and Decaf, Hot water w/asst.tea bags, ice water, iced tea, and lemonade

NUMBER of GUESTS _____ x \$ _____ 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.)