

Date Due:	Γime:
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## **Box Lunch Order Form**



Voice: 715-377-0004 Fax: 715-377-0005

Customer Name: Phon													Phone	No:				
Circle One: Pick-Up Delivery						Cont	act Pe	erson (	@ Deli	ivery:		Delivery To:						
						Bill To:												
,							Ema	il·										
Order taken by:						Liliali.									Fax:			
Gluten Free Bread add \$2							Cro	issan	t ava	ilable	me) add \$2							
			Includ	des:	potat	o chi	ps or								ruit & coo		_	
Qty	ty Wheat								Wh	nite			Cost		Total	Choice (default chips)		
	Cheese option	No	А	PJ	С	Р	S	No	А	PJ	С	Р	S	Bread	w/ch		Chips	C & C
	Chicken Salad													\$13.00	\$14.00			
	Veggie Sand													\$13.00	\$14.00			
	Ham													\$13.00	\$14.00			
	Roast Beef													\$13.00	\$14.00			
	Tuna													\$13.00	\$14.00			
	Turkey													\$13.00	\$14.00			
	Other													<u> </u>	ľ			
	Other																	
	Sandwich	es ind	clude	lettu	ce, to	mato	. Box	c inclu	udes	mayo	, mus	stard,	uter	sils, napk	cin, mint &	above food iter	ns	
			(	Chees	e Key:	N-no c	heese	A-am	erican	PJ-pe	pperjac	k C-c	hedda	r P-provoloi	ne S-swiss			
									В	evera	aes							
Qty	Soda Flavor	Soda	Soda's go in to go cups, we don't carry bottles of soda (enough advance time & we can provide) We do have bottle water.															
		\$1.60 Total						Additional Details:								,		
		\$1.																
	5	\$1.																
Dolive	Bottle Water	\$1.		or dolin	uonu Cu	ıbioot t	o ovoi	] Jobility	(allow	a O ba	urnatia	· • \		De	divory	Subtota	<u>.                                    </u>	
<b>Delivery Details:</b> Minumum 10 meals for delivery. Subject to availability (allow a 2 hour notice) <b>Delivery charge -</b> \$20 - 3 mile radius of Hudson. Deliveries outside 6 mile is subject to addition delivery charge																		
Payments Options: a credit card needs to be given to hold the ord							Cabjee	. to dut	aition u	Chvery	Silary				Tax Delivery			
	no Optiono, a ciedit car	u neeu	13 10 06	givei	1 10 11010	<i>1</i> (116 0)											'	
Cc#:						Exp	date:								TOTAL	_		