



ORDER FORM

Delivery Hours: MONDAY – FRIDAY 10AM -6PM

NAME _____ PHONE NUMBER _____

PICK UP OR DELIVERY _____ DATE OF EVENT _____

TIME OF PICK UP/DELIVERY _____ DELIVERY LOCATION _____

METHOD OF PAYMENT - CASH CREDIT CARD HOSPITAL DEBIT **PAYROLL IIT**

WHOLE PIZZA

ITEM	PRICE	QTY	TOTAL
CHEESE	12.99		
PEPPERONI	13.99		
SAUSAGE	13.99		
VEGGIE	14.99		
MEATZA	18.99		

LABRETTI HOT/COLD SANDWICH

ITEM	PRICE	QTY	TOTAL
MEDITERRANEAN	5.19		
KOREAN PORK	6.19		
PESTO CHICKEN	6.19		

ITEM	PRICE	QTY	TOTAL
BACON CHICKEN BLUE CHEESE	5.99		
CRAN WALNUT CHICKEN GOUDA	5.99		
STRAWBERRY GOAT CHEESE WALNUT	6.29		

SUB-TOTAL _\$ _____

TAX 10.5% _\$ _____

TOTAL _\$ _____

*No delivery charge; minimum order of \$25.00. Please email completed form to

Caroline Williams at caroline.williams@sodexo.com, Timothy Hassell at timothy.hassell@sodexo.com & Sonia Scott at scoso@musc.edu.