



ORDER FORM

STORE 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	11.99		
PEPPERONI	12.99		
SAUSAGE	12.99		
VEGGIE	13.99		
MEATZA	17.99		

LABRETTI HOT/COLD SANDWICH

ITEM	PRICE	QTY	TOTAL
MEDITERRANEAN	3.99		
KOREAN PORK	4.49		
PESTO CHICKEN	4.99		

SALAD

ITEM	PRICE	QTY	TOTAL
ROSEMARY CHICKEN DIJON	3.99		
BACON CHICKEN BLUE CHEESE	4.99		
CRAN WALNUT CHICKEN GOUDA	4.99		
STRAWBERRY GOAT CHEESE WALNUT	5.99		

ITEM	PRICE	QTY	TOTAL
BOTTLED SODA	1.65		
BOTTLED WATER	1.55		
3- PAK COOKIE	0.99		

SUB-TOTAL \$ _____

TAX 10.5% \$ _____

TOTAL \$ _____

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

Maureen Seels at seels@musc.edu & Sonia Scott at scosc@musc.edu.