



Catering Order Request Form

VISIT US AT 1167 MADISON AVE SE, GRAND RAPIDS MI

E-MAIL THIS FORM TO INFO@RGCAFE.ORG

CUSTOMER NAME	PHONE NUMBER	E-MAIL
COMPANY/INSTITUTION	DELIVERY ADDRESS	
DAY / MONTH / YEAR / /	DELIVERY INSTRUCTIONS	
ORDER TIME:	<input type="checkbox"/> CONTRACT SIGNED	<input type="checkbox"/> DEPOSIT PAID
<input type="checkbox"/> PICK UP <input type="checkbox"/> DELIVERY	<input type="checkbox"/> CHECK	<input type="checkbox"/> CREDIT CARD
GRCCT INTERNAL PARTNERS USE ONLY		
ORGANIZATION NAME: _____ PERSON ORDERING: _____ EVENT NAME: _____ BILL TO: _____		

QUANTITY	MENU ITEM	UNIT PRICE	TOTAL

ORDER TAKEN BY: _____

NOTES:

**CONTACTS US AT
INFO@RGCAFE.ORG**

SUBTOTAL _____
 DELIVERY CHARGE _____
 TOTAL _____
 DEPOSIT _____
 BALANCE DUE _____