|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Logo  Description automatically generated | **ArcDeli and Catering Order Form** (please complete 1 form per order) | | | | | Page 1 of |
| Billing Address | | | Date Needed | | | |
|  | | |  | | | |
| Delivery Address | | | Contact Person for the Order: | | | |
|  | | |  | | | |
| Room number/location | | | Tax Exempt Order? | | | |
|  | | | no | | | |
| Special Instructions: | | | Date Ordered: (via email) | | | |
| Order Received By: | | | |
| Customer Order Information | | | | | | |
| Items Requested | | **# of people** | Unit Price  (Completed by ArcDeli) | Additional comments | | |
|  | |  |  |  | | |
|  | |  |  |  | | |
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|  | |  |  |  | | |
|  | |  |  |  | | |
|  | |  |  |  | | |
| Delivery ($50 minimum)  pick up | | | | | | |
| **Additional comments:** | | | | | Delivery Fee: Order Total:  \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (to be completed by ArcDeli) | | |

*Any questions, please call the ArcDeli at (585) 286-9605*

*Please e-mail the completed form to* [*arcdeli@arcmonroe.org*](mailto:arcdeli@arcmonroe.org)

*Please place orders one week before the date it is needed*.