

After Faxing order to 314.621.6855,
please call 314.621.0010 to verify receipt!

JURY CATERING ORDER FORM
Box Lunches

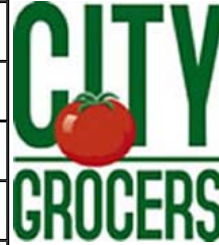
DELIVER & BILL TO:

Date: _____

Invoice #: _____

Name:	
Street Address:	
Suite / Floor:	
City, State, ZIP:	
Contact Name:	
Contact Phone:	
Case Number:	
Division Number :	

Remit Payment To:



City Grocers
920 Olive St.
St. Louis, MO 63101
PH: 314.621.0010
FAX: 314.621.6855
www.city-grocers.com

* Please refer to **Catering Fax Instructions** at www.city-grocers.com for more details.

* If Possible, please provide 24 hours' notice. Same-day orders are welcomed, subject to availability and time notice.

#	Person/Name	Sandwich or Salad Name	Drink?	Side Choice	Special Request?	Cost
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						

(Use more pages if necessary)

Sub Total

Tax-Exempt 0.00

Free Delivery 0.00

As always, THANK YOU for letting City Grocers be of Service!