Time: _____ **Day:** _____ **Date:** _____

EATSTREET? SLICE? UBER? Time Order placed:_____

Business Name or Home:_____

Address:_____

_____**City:**_____

Phone:_____

UBER Code or Ext**:**_____

First & Last Name:_____

circle **E.S.** **SLICE** **UBER**

NOTE: $0.15 charge per place setting (i.e. 20 x P/N/F/K = $3.00)

Plates & Napkins #

Forks & Knives #

Total Due $ _____

Rung In? Yes / No **$ CHANGE? Yes / No**

Call (after 9am): 715-835-4100

Email: mancinoseauclaire@gmail.com

Hospital / University / Clinic /Other Information:

Department: _____**Door#/ Entrance:**_____

Floor #:_____**Parking Lot:**_____

CONTACT-FREE *REQUESTED?* *(Include instructions below)*

Special Instructions or Directions:_____

PAYMENT

Ask ahead re: GRATUITY for Credit Card deliveries "We are CONTACT-FREE!"

○ Cash / Bus. check (Change Needed $_____)

○ By Invoice (must ask SS/manager & T/E?)

○ Credit Card ** **TIP amount $**

Card # _____

EXP: _____ CVV: _____ Billing Zip : _____