

Shasta College Food Services 530-242-7777

Meal Kit & Grocery Box Order Form

(Choose one)

Student OR Staff

Submitted by _____

Phone # _____ E-mail _____

Meal Card # _____ OR Pay By Check at time Delivery _____

College Program that Issued Meal Card _____

Date of Submission _____ Date of Pick Up Requested _____

Meal Kit #	MEAL KIT TYPE	Unit Price	Quantity	Amount
1	Pizza & Salad <input type="checkbox"/> Pepperoni <input type="checkbox"/> Combo <input type="checkbox"/> Veg <input type="checkbox"/> Cheese <input type="checkbox"/> Hawaiian <input type="checkbox"/>			
2	Chicken Fajitas w/Spanish Rice & Beans			
3	Vegetarian Fajitas w/Spanish Rice & Beans / Vegan <input type="checkbox"/>			
4	BBQ Pulled Pork Sandwich w/Coleslaw & Baked Beans			
5	French Dip w/Baked Beans and Chips *while supplies last*			
Grocery Box #	GROCERY BOX TYPE	Unit Price	Quantity	Amount
1	Snack Box Deluxe			
2	Lunch On-the-Go Box			

Email Completed Order Form To: Foodservices@shastacollege.edu

TOTAL \$
