



Shasta College Food Services 530 242 7770

TEHAMA CAMPUS - Grocery Box & Meal Kit Order Form

(Choose one)

Student 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 Pepperoni <input type="checkbox"/> Combo <input type="checkbox"/> Veg <input type="checkbox"/>			
2	Shasta Bowl w/Chicken Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/>			
3	Baked Potato & Caesar Salad			
4	Chicken Fajitas w/Spanish Rice & Beans			
5	Vegetarian Fajitas w/Spanish Rice & Beans / Vegan <input type="checkbox"/>			
Grocery Box #	GROCERY BOX TYPE	Unit Price	Quantity	Amount
1	Organic Fresh Fruit & Veggie Mix			
2	Organic Snack Box			
3	Fresh Fruit & Veggie Mix			
4	Snack Box Deluxe			
5	Snack Box			
6	Breakfast On-the-Go Box			

Email Completed Order Form To:

Foodservices@shastacollege.edu

By Thursday @ 4 P.M., for Monday 10 A.M.-12 Noon Pick Up