

OFFICE LUNCH ORDER FORM

Department: _____ Employee Name: _____

Contact Information:

Phone Number: _____

Email Address: _____

Order Details:

Meal Date: _____

Meal Time: _____

Meal Selection (check one):

- Regular Meal
- Vegetarian Meal
- Vegan Meal
- Gluten-Free Meal
- Other (specify): _____

Additional Instructions or Dietary Restrictions:

Payment Information:

Payment Method: _____

Amount (USD): _____

Terms and Conditions:

By submitting this order form, the Employee agrees to the following terms and conditions: 1. The Employee certifies that all information provided herein is accurate and complete. 2. The Employer shall make reasonable efforts to accommodate dietary restrictions but does not guarantee absolute compliance. 3. Payment for ordered meals shall be made as described above and no refunds will be issued after order submission. 4. The Employee releases the Employer from any liability related to food allergies or adverse reactions. 5. This order form is legally binding and enforceable under United States law.

EMPLOYEE SIGNATURE

MANAGER APPROVAL

Signature: _____

Signature: _____

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