

# KCUSD FOOD SERVICES DEPARTMENT

## FIELD TRIP MEAL REQUEST

**\*\*REQUIRED - ORDER MEALS AT LEAST TWO WEEKS PRIOR TO FIELD TRIP\*\***

Will you be requesting meals for this field trip?

**Yes** Please complete the form below
  **NO** Meals are declined for this trip  
 Signature: \_\_\_\_\_

1. Complete the contact info and pick-up sections, submit to Kitchen Manager for signature **AT LEAST two (2) weeks** prior to your trip.

2. Once signed, please leave a copy with site Kitchen Manager or Food Service representative

3. Take the form with you on your trip and place a check mark in the breakfast and/or lunch column as each student receives his/her meal. Student Roster or separate list of student names in attendance is also acceptable, please indicate meal type (B) for breakfast; (L) for lunch and place a checkmark by the name of each student receiving a meal.

4. Your organization is responsible for furnishing ice chests for milk and other refrigerated items. Deliver your ice chests to the Cafeteria by 1:00p.m. the day prior.

**Return a completed copy of this form, including all student names with ID#s to your school Kitchen Manager.**

MEAL PICK-UP DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ AM / PM

KITCHEN MANAGER: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

SCHOOL SITE/GROUP: \_\_\_\_\_ REQUESTED BY: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

FIELD TRIP DATE: \_\_\_\_\_ DEPARTURE TIME: \_\_\_\_\_

BREAKFAST # : Student \_\_\_\_\_ LUNCH #: Student \_\_\_\_\_

\*Adults \_\_\_\_\_ \*Adults \_\_\_\_\_

**\*Adult meals - ONLY AVAILABLE to adult(s) providing meal service.**

ID#	NAME	BRK	LUN	ID#	NAME	BRK	LUN