

KCUSD FOOD SERVICES DEPARTMENT

SATURDAY PROGRAM MEAL REQUEST

****REQUIRED - ORDER MEALS AT LEAST
TWO WEEKS PRIOR TO PROGRAM DATE****

Will you be requesting meals for this program?

Yes Please complete the form below **NO** Meals are declined for this
Signature: _____ Date: _____

1. If Yes is selected, please complete this entire form. If No is selected, please sign and date this form.

2. Email or deliver completed form to Alison Haynes / Food Service Office. (haynes-a@kcsud.com)

3. Required documentation to be completed and turned in - Daily Meal Count (DMC) form, Transport Record, Attendance. DMC & Transport Record will be supplied by the Kitchen.

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.

SCHOOL SITE/GROUP: _____ REQUESTED BY: _____

PHONE: _____ EMAIL: _____

PROGRAM DATE(S): _____

Meal requested Breakfast Lunch Total # requested: _____

Manager / Site: _____ Informed - Date: _____ Time: _____

