

HARRISBURG CITY SCHOOLS

Food Service Department

BAG LUNCH REQUEST

Ten (10) days' notice is required on bag lunch requests

Please email bdking@hbgsd.us &

kate.lewis@sfellc.org

Date of Requisition _____ Date Needed _____ Time Needed _____

School _____ Teacher/Staff name _____

Destination _____

TOTAL NUMBER OF BAG LUNCHESES NEEDED _____

STUDENT NAMES	STUDENT NAMES	STUDENT NAMES
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
6.	6.	6.
7.	7.	7.
8.	8.	8.
9.	9.	9.
10.	10.	10.
11.	11.	11.
12.	12.	12.
13.	13.	13.
14.	14.	14.
15.	15.	15.
16.	16.	16.
17.	17.	17.
18.	18.	18.
19.	19.	19.
20.	20.	20.
21.	21.	21.
22.	22.	22.
23.	23.	23.
24.	24.	24.
25.	25.	25.

****Signature of Principal _____ DATE _____**