		MEAL REQUEST				
DATE	**STUDENT NAME**	**BKFST**	**MILK CHOICE**		**LUNCH**	**STUDENT SIGNATURE**
			W	C		
	Please bring this list for any meals leaving the cafeteria for students.					
	Please have the student sign that they received the meal and return					
	the list to the cafeteria.					
	Thanks,					
	Food Service Department					
	This product was funded by USDA.					
	This institution is an equal opportunity provider.					