

Sack Lunch/Field Trip Request

Requests must be submitted to Cafeteria Manager two (2) weeks prior to need date

| Campus: | Teacher/Room: | |
|--|---|--|
| Date needed: | Time needed: | |
| Total # of Student Lunches: | | |
| Please mark choice: | | |
| () Ham & Cheese () Bologna & Cheese () Peanut Butter | Fresh fruit and fresh vegetables will be provided with each sack lunch | FF flavored milk and/or White milk |
| ** Please confirm requests with All containers/ice chest issued trip. | _ | |
| IMPORTANT: To ensure schoo must be provided with a list of s lunches for off-site consumption for check (√) marking the stude roster must be returned to the C proper accountability. | tudents with ID numbers than n. The teacher or a designate ents name when accepting t | at are requesting sack ted adult must be responsible he complete sack lunch. The |
| USDA regulations require a recomeal and must be kept on file. | ord of which students were p | provided with a reimbursable |
| Reguestor/Teacher | Principal | |