FABENS
Independent School District

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 the cafeteria managers 2 days PRIOR to trip.**

All containers/ice chest issued must be returned to cafeteria manager upon return of trip.

Provide Child Nutrition Services (CNS) with a student roster including **student name and ID number**. Please note any **dietary restrictions or allergies** on the roster.

If requesting any **adult meals**, payment is required **at the time of request**.

Accountability Procedures

- A teacher or designated adult must be responsible for **check-marking (√)** each student's name when accepting a complete sack lunch.
- The roster must be returned to the **Cafeteria Manager** upon return to campus to ensure proper accountability.

Reminder:
USDA regulations require that we maintain a record of which students were provided with a reimbursable meal. These records must be kept on file.

"I certify that to the best of my knowledge the information reported about this field trip is true and correct. I understand misrepresentation may result in prosecution under applicable state or federal statutes. I certify that meals were prepared, delivered, and served in accordance with all state and local health department standards."

_____ _____

Requestor/Teacher **Date** **Approval: Principal/Administrator**