

SHARYLAND ISD CHILD NUTRITION
FIELD TRIP MEAL REQUEST FORM

Meal requests should be submitted to CNP Manager at minimum five (5) days prior to request date to ensure availability. Please notify CNP Manager if a student requires a special diet so dietary modifications can be made. A roster with student names and ID #'s must be submitted with this request. A staff member must be responsible for completing a tally sheet for students who received a meal for claiming purposes on the day of trip. Unconsumed meals and tally sheet must be returned to CNP manager at conclusion of trip. Campus must provide ice chests for meal transport as a food safety precaution. CNP will provide ice.

CONTACT THE CNP OFFICE @ EXT 1060 OR YOUR CAMPUS CAFETERIA MANAGER IF YOU HAVE ANY QUESTIONS.



SHARYLAND ISD CHILD NUTRITION FIELD TRIP MEAL REQUEST FORM

CAMPUS: _____

ORDERED BY: _____

PHONE#/EXT. # _____

REQUEST DATE: _____

MEAL PICK UP TIME: _____

☐ AM
☐ PM

CLUB/ORGANIZATION: _____

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✓ **Place check mark on meal service being requested.**

BREAKFAST - includes entrée, fruit (fresh, dried, or juice), and choice of milk

CHOOSE ONE ENTRÉE:

☐ PB & J UNCRUSTABLE _____ # Total Student Breakfasts (no charge)
☐ BREAKFAST MUFFIN _____ # *Adult Breakfast @ \$3.25 ea.
☐ BENEFIT BAR _____ PO # _____

**Adult meals are available for purchase with PO number.*

LUNCH - includes entrée, fruit (fresh or dried), vegetables, & choice of milk

CHOOSE ONE ENTRÉE:

☐ TURKEY & CHEESE SANDWICH _____ # Total Student Lunches (no charge)
☐ PB & J UNCRUSTABLE _____ # *Adult Lunches @ \$5.50 ea.
_____ PO # _____

**Adult meals are available for purchase with PO number.*

***Cancellation must be made at minimum 24 hrs in advance to avoid charges.**

NOTES/INSTRUCTIONS:

CNP OFFICE USE ONLY:

☐ APPROVED _____
☐ DENIED _____ Signature _____ Date _____
☐ CANCELLED BY: _____ DATE/TIME: _____