Please complete form, then email/scan to: Sue Ann Martinez (Director of Food Service): smartinez@mathisisd.org, Evonne Huerta (Secretary to Sue Ann) ehuerta@mathisisd.org, **Your Cafeteria Manager.**

Ace "On the Go" Meals Travel ID#____

Trip Request for Sack Meals **2 Week** advance notice is requested to insure exact meal request is fulfilled.

Date: _____

Date of Trip: _____ **Time Departing: _____**

Teacher's Name: _____ **Campus**: _____

Please drop off an ice chest to the cafeteria a day prior. The ice chest will ensure the meals stay within temperature while on the trip.

Contact/ pick up Person with phone number _____

Meals Requested (check one):

☐ **Breakfast:** _____ #Students _____ #Adult Staff _____ #Bus Drivers

☐ **Lunch/Dinner:** _____ #Students _____ #Adult Staff ($5.35) _____ #Bus Drivers ($5.35)

NOTE: Adult/Bus Driver meals are $5.35 **PO MUST be turned into Food Service with ACE Request.**

Return a student roster to the cafeteria of who received a sack meal.

BREAKFAST

Breakfast meal includes:

Breakfast Item

Juice

Choice of Milk
(Milk not required but is optional)

_____Number of Skim Chocolate Milk Needed

_____Number of White Milk Needed

LUNCH/DINNER

Please select one of the following:

☐ **Ham/Cheese Sandwich**

☐ **Turkey/Cheese Sandwich**

☐ **Sun butter/Jelly Sandwich**

All lunches include the following:

Juice
Fresh Vegetable
Fresh Fruit
Variety of Milk
(Milk not required but is optional)
Condiments

_____Number of Skim Chocolate Milk Needed

_____Number of White Milk Needed

Customer service is our #1 priority

*If 2 week request is not met, order will still be fulfilled according to what is in stock.



Menu subject to change

This institution is an equal opportunity provider