Request for Field Trip Lunches												
TODAY'S DATE:						TEAG	CHER'S NAME:					
TOTAL STUDENT M				TOTAL ADULT MEALS NEEDED (\$4.00				/MEAL):				
DATE OF FIELD TRIP:							School Site:					
DEPARTURE TIME:												
PICK UP TIME :												
				Served	Served						Served	Served
STUDENT'S NAME			ID#	YES	NO		STUDENT'S NAME			ID#	YES	NO
1.						21.						
2.						22.						
3.						23.						
4.						24.						
5.						25.						
6.						26.						
7.						27.						
8.						28.						
9.						29.						
10.						30.						
11.						31.						
12.						32.						
13.						33.						
14.						34.						
15.						35.						
16.						36.						
17.						37.						
18.						38.						
19.						39.						
20.						40.						
INSTRUCTIONS												
Please notify the Lead of Nutrition Services at your school site												
2. Complete the form for students requesting cafeteria lunches only. Return the form to the Nutrition Services Dept. at your site 10 working days												
prior to the field trip date.												
3. On the day of the field trip the teacher will need to pick up the lunches, packed in coolers at their site cafeteria.												
4. **In accordance with food safety guidelines all menu items must be offered to students no later than 4 hours after												
pickup from the			_									
							will be charged a	according	to their n	neal eligibil	ity.	
6. Any unused or u												
 Return completed form and empty coolers to cafeteria lead upon return. Any damaged or lost equipment will be charged to site. 												
Signature below indicates faculty member understands and agrees to all instructions as stated.												
					3							
Teacher Signature:												