

School Nutrition Department

Meal to Go Request

This form must be submitted 10 days in advance of the date of the event

Campus Name _____



Date of Event: _____

Time needed: _____

Breakfast to Go Sack Lunch to Go
(Circle One)

Number requested _____
– If no meals are needed, enter Zero

Grade level/Teacher name _____

Of students going on field trip _____

Person requesting: _____

This form is used to determine how many “To Go” meals to prepare for the field trip. It is also used by the manager to adjust the lunch counts for that day. On the day of the Field Trip or Event, please provide a list of students who are requesting a sack lunch to the cafeteria manager. If there are meals left over, discard them and give the manager a count of leftover meals.

Approved by: _____
Desiree Tran – Student Nutrition Supervisor

Date

*Managers - this information is for your records, you do not need to provide the office or teacher a copy of this request form. Keep with daily records on the date of the event.
If you receive this form directly from a teacher, please forward to Vanessa for approval.*