



La Joya ISD Child Nutrition Services  
**Saturday**  
Breakfast/Lunch Request Form

**REQUESTS MUST BE SUBMITTED 10 WORKING DAYS PRIOR TO DATE NEEDED TO THE  
CAMPUS CAFETERIA MANAGER**

Campus Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Purpose of Request: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

**NOTE: PROVIDE SERVICE DATES MONTHLY OR SUBMIT A REQUEST PER MONTH**

Date of Service: \_\_\_\_\_ Menu: \_\_\_\_\_  
(TO BE FILLED BY CNS DIRECTOR ONLY)

Time of Service: \_\_\_\_\_

Location of Delivery: \_\_\_\_\_

Number of Meals Requested: Breakfast \_\_\_\_\_ Students \_\_\_\_\_ Adults

Lunch \_\_\_\_\_ Students \_\_\_\_\_ Adults

All meals are reimbursable as per Child Nutrition Program guidelines.  
Adults must submit payment prior to trip. \$2.25 Breakfast / \$3.75 Lunch.

**\*\*Student Rosters must be turned in the day after the field trip as supporting documentation to ensure that students received a reimbursable meal.**

**\*\*Campuses that fail to turn in Student Rosters supporting the number of students that participated with the Child Nutrition Program will receive a Catering Invoice payable to CNS at the above price per meal for each student.**

Ice Chests Required? (circle one): No Yes= \_\_\_\_\_ Qty.

Special Diet Student Requests: \_\_\_\_\_

\_\_\_\_\_  
Dept. Head/Principal Approval Date

\_\_\_\_\_  
Child Nutrition Services Approval Date