



La Joya ISD Child Nutrition Services Quality Meals To Go/Sack 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