

Sack Lunch Request Form

EPISD Food and Nutrition Services

Request must be submitted to cafeteria manager 2 WEEKS Prior to need date.

Teacher/Requester name: _____ Classroom: _____

1. Date needed: _____
2. Time meals will be picked up: _____
3. Number of student meals: _____
4. Number of adult meals: _____
 - Adult meals must be paid in advance. Your lunch account may be used.
 - Meat sandwich \$2.50, PB&J \$1.75, veggies or fruit \$1.00 each and milk \$1.00
5. Number of each sandwich: _____ Meat w/cheese
_____ Peanut butter & jelly
6. Number of each milk: _____ skim chocolate
_____ 1% low-fat white



7. Notes to requester:
 - a. The person requesting meals must make arrangements for ice chests and ice in order to maintain food at proper temperature. Kitchen will provide ice if there is an ice machine available in the kitchen.
 - b. It is recommended ice chests be delivered to the cafeteria manager at least 2 days prior to field trip.
 - c. A list of names with ID#s must be submitted to the cafeteria manager when the meals are picked up.
 - d. Changes to the above are needed at least 2 days prior to field trip.
 - e. Meals not consumed must be returned.

Teacher/Requester Signature _____ Date: _____

Day of Trip – Cafeteria Staff Only

- | | |
|--|---|
| ___ Meals prepared in sacks | ___ Milks counted and packed in ice |
| ___ Milk temperatures recorded | ___ Sandwich temperatures recorded |
| ___ Instructed individual(s) on food handling/safety before distributing to students | ___ Meals given to responsible party for transporting |
| ___ List of student names, their ID#s and adults eating has been obtained | ___ Meals entered in the computer |
| ___ Meals not returned are returned | |

Manager Signature Date