



MADERA UNIFIED SCHOOL DISTRICT
Child Nutrition Department

FIELD TRIP SACK LUNCH REQUEST

| | | |
|---------------------------|--------------|-------------------------|
| School Name | Date of Trip | No of Requested Lunches |
| Name of Teacher | Room Number | Grade |
| Destination of Field Trip | | |

Lunches Will Be Picked Up:

| | | |
|-------------------------|--|------------------------------|
| At What Time | By Whom (Name if known, i.e. Bus Driver Teacher) | Where (i.e. Central Kitchen) |
| Person Ordering lunches | Date | |

Instructions for completing the Field Trip Sack Lunch Request:

1. Obtain and return request form to the **CNII** at the school site **10 Days prior to the field trip.**
2. The day of the field trip, the Teacher will be provided with a roster of students who will be taking the field trip. The Teacher must check off the name of each student **as they receive their lunch.** (In the event a roster is not provided the Teacher will list the student's name as they pick up their lunch.)
3. The Teacher is to return this roster to the **CNII** as well as any money collected. Adult meals \$4.50 without milk, with milk \$5.00. All lunches are to be paid or prepaid the day of the field trip.
4. Cancellation is 24 hrs. prior to scheduled pick up. Failure to notify the Production Kitchen will result in the school being billed for the order.

FOR CHILD NUTRITION OFFICE (CNO) USE ONLY:

Date Request was sent to the Child Nutrition Office: _____

Distribute copies as follows:

- 1 copy.....Production Kitchen, fax 673-8984 ph, 675-4546 x 108 or 110.
- 1 copy.....Kitchen Staff - CN Assistant I /CNII, at your site
- 1 copy.....Teacher

