



Field/Study Trip Lunch Request

Please note that a nutritionally adequate meal **MUST** be offered to **ALL STUDENTS EVERY DAY**. Regulations require that we do not discriminate against qualified students receiving subsidized meals. All components must be given for each meal.

Part 1: Email your school sites cafeteria manager your name, site, number of meals needed and date at least 14 days prior to the study trip.

Nutrition Service Office (951) 679-8355

Part 2: Email this form to your cafeteria manager and Nutrition Services 3 SCHOOL DAYS prior to the study trip.

Date: _____ School: _____ Study Trip Date: _____

Teacher: _____ Estimated Total Lunches Needed: _____

ONE FORM PER TEACHER

*The lunches will be prepared and stored in the cafeteria refrigerator the day before the trip. See your cafeteria manager for pickup.

**Write the student's FIRST and LAST name below.
Return All Lunches Not Distributed to Kitchen**

Kitchen Only Charged Account Place a Check	<u>Student's Full Name</u>	Teacher Only Meal Distributed Place a Check
	1.	
	2.	
	3.	
	4.	
	5.	
	6.	
	7.	
	8.	
	9.	
	10.	
	11.	

Pg 1 - Student Names Count: _____

(Additional lines on Page 2)

School: _____ Teacher: _____ Study Trip Date: _____

Write the student's FIRST and LAST name below.

Kitchen Only Charged Account Place a Check	<u>Student's Full Name</u>	Teacher Only Meal Distributed Place a Check
	12.	
	13.	
	14.	
	15.	
	16.	
	17.	
	18.	
	19.	
	20.	
	21.	
	22.	
	23.	
	24.	
	25.	
	26.	
	27.	
	28.	
	29.	
	30.	
	31.	
	32.	
	33.	
	34.	
	35.	
	36.	

(Continued from Page 1)

Pg 2 - Student Names Count: _____