

Request for Meals To Go Grades K-5

(Request is due to the Food Service Office 10 working days prior to the date needed)

To School Cafeteria:	Time meals will be picked up: Date needed:					
ALL ICE CHEST CONTAINING SACK LUNG						
*Do any students have a prescribe	d Special D	iet or Food	Allergy Di	et?	Yes	No
Student Name	Diet	_		If you d	o not know o	ontoot
					o not know c npus Cafeter	
NUMBER OF LUNCHES NEEDED:	Breakfast:		Lunch:	_		
			_			
Breakfast Menu: Please select one choice of menu: Cereal Bar & Graham Cracker		Lunch Me			hoice of menu:	
		Ham & Cheese Sandwich				
Poptarts(2)		w/Sandwich Salad & Sun Chips Hot Dog w/Broccoli Trees & Baked Doritos Chips				
			_			Stick w/Broccoli Trees
Other items included:			- , , , , , , , , , , , , , , , , , , ,			THE THE PROCESS TO SEE
Orange juice 4oz. & Asst. Milk 8 oz.		Other items included: Baby Carrots (1/2 c) w/FF Ranch, Fresh Fruit & 8oz Milk				
(MENUS SUBJECT TO CHANGE DO Federal reimbursement may be claim A list of the names of the students red when it is returned to food service wit In order for the school to claim federal (offered) to the students receiving the temperature (41 degrees F. or below).	ed for one be ceiving the s h the unser Il reimburse e meals to g	oreakfast and sack meals r ved meals. ment for me	d one lunch must be atta als served,	nched too	this form)
Time of Pick up:			Time of Se	ervice:		
Temperature of Potentially Hazardous	s Foods:					
Milk degrees Fahrenheit			Milk		rees Fahren	
Meat degrees Fahrenheit					rees Fahrenl	
Other degrees Fahrenheit					ees Fahrenh	
Other degrees Fahrenheit			Otner	aegr	ees Fahrenh	let
I have read the information above. I under foods at a safe temperature and serving to students listed on the attached sheet we names of students who receive a reimbur Signature of Adult Receiving Meals & The	them within a will be claimed sable meal.	safe time pe d for federal r	riod. I recogr eimburseme	nize that th nt. I will ta	ne meals serve	ed



Request for Meals To Go Grades 6 - 8

(Request is due to the Food Service Office 10 working days prior to the date needed)

To School Cafeteria:						
Requesting Principal:						
Campus: Trip Destination:		_ Date needed: Meal Time:				
The Destination.		wear rime				
		NOTE:				
*Do any students have a prescribe	HES MUST E	BE STORED IN AN AIR CONDITIONED AREA OF THE BUS. iet or Food Allergy Diet?YesNo				
Do any students have a prescribed	i Special Di	let of Food Allergy Diet?TesNo				
Student Name	Diet					
		If you do not know contact				
		the Campus Cafeteria Manager				
						
NUMBER OF LUNCHES NEEDED:	Breakfast:	Lunch:				
Breakfast Menu: Please select one choice	o of monu	Lunch Menu: Please select one choice of menu:				
Cereal Bar & Graham (Ham & Cheese Sandwich				
	or a or co.	w/Sandwich Salad & Sun Chips				
Poptarts(2)		Hot Dog w/Broccoli Trees & Baked Dorito Chips				
		P/B Jamwich w/ Mozzarella Cheese Stick				
		w/ Broccoli Trees				
Other items included:		Other items included:				
Orange juice 4oz. & Asst. Milk 8 oz.		Baby Carrots (1/2 c), FF Ranch Dressing,				
		Fresh Fruit, and 8 oz. milk, Rice Krispy Treat Mini				
(MENUS SUBJECT TO CHANGE DU	E TO FOOI	D AVAILABILITY)				
		reakfast and one lunch per child per day.				
A list of the names of the students rec						
when it is returned to food service with	0					
In order for the school to claim federal reimbursement for meals served, milk must be available						
	meals to go	o. Each milk must be maintained at a safe				
temperature(41 degrees F. or below).						
Time of Pick up:		Time of Service:				
Temperature of Potentially Hazardous	Foods:					
Milk degrees Fahrenheit		Milk degrees Fahrenheit				
Meat degrees Fahrenheit		Meat degrees Fahrenheit				
Other degrees Fahrenheit		Other degrees Fahrenhiet				
Other degrees Fahrenheit		Other degrees Fahrenhiet				
I have read the information above. Lunde	erstand the im	nportance of maintaining the potentially hazardous				
		safe time period. I recognize that the meals served				
- · · · · · · · · · · · · · · · · · · ·		d for federal reimbursement. I will take care to list only the				
names of students who receive a reimbur		a to reastar reimbarsement. I will take eare to list only the				
Signature of Adult Receiving Meals & The	ermometer_					



Raymondville ISD Child Nutrition Services

Request for Meals To Go Grades 9-12th (Request is due to the Food Service Office 10 working days prior to the date needed)

To School Cafeteria:		Time delivere	ed meals needed:		
Requesting Principal:		Time meals will be picked up:			
Campus:		Date needed:			
Trip Destination:		Meal Time:			
		NOTE:			
ALL ICE CHEST CONTAINING SACK LUN	CHES MUST		NDITIONED AREA OF THE BUS.		
*Do any students have a prescribed Spec	ial Diet or Foo	od Allergy Diet?Y	esNo		
Student Name	Diet				
			If you do not know contact		
			the Campus Cafeteria Manager		
			_		
NUMBER OF LUNCHES NEEDED:	Breakfast:	Lunch:			
Breakfast Menu: Please select one choice	of menu:	Lunch Menu: Please se	elect one choice of menu:		
Cereal Bar & Graham Crad	cker	Ham & Chee	se Sandwich		
			Salad & Sun Chips		
Poptarts(2)		Hot Dog/ w/E	Broccoli Trees & Baked Dorito Chips		
		P/B Jamwich	w/ Mozzarella Cheese Stick		
		w/ Broccoli T	rees, Honey Grahams		
Other items included:		Other items included:	-		
Orange juice 4oz. & Asst. Milk 8 oz.		Baby Carrots (1/2 c), Ranch Dressing,			
		Fresh Fruit, Canned Fruit,	and 8 oz. Milk		
(MENUS SUBJECT TO CHANGE DUE TO	FOOD AVAILA	ABILITY)			
Federal reimbursement may be claimed	for one breakf	ast and one lunch per chil	d per day.		
A list of the names of the students receive	ing the sack r	meals must be attached to	o this form		
when it is returned to food service with the	-				
In order for the school to claim federal re	imhursamant	for meals served milk mu	st ha availahla		
(offered) to the students receiving the me					
temperature(41 degrees F. or below).	ais to go. La	icii iiliik Tiidst be maiittaiii	cu at a saic		
temperature(deg.eee e. 2e.e).					
Time of Pick up:		Time of Serv	ice:		
Temperature of Potentially Hazardous Food	S:				
Milk degrees Fahrenheit		Milk	degrees Fahrenheit		
Meat degrees Fahrenheit		Meat	degrees Fahrenheit		
Other degrees Fahrenheit		Other	_ degrees Fahrenhiet		
Other degrees Fahrenheit		Other	_ degrees Fahrenhiet		
I have read the information above. I underst	and the import	ance of maintaining the pote	entially hazardous		
foods at a safe temperature and serving their	-	- '	=		
to students listed on the attached sheet will I					
names of students who receive a reimbursal			,		
Signature of Adult Receiving Meals & Therm	nometer				