



## Rio Grande City CISD Child Nutrition Services Cafeteria Request Form

REQUEST MUST BE SUBMITTED 21 WORKING DAYS PRIOR TO DATE NEEDED  
TO THE BUSINESS OFFICE AND CHILD NUTRITION PROGRAM OFFICE

Department/  
School Requesting: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Purpose of Request: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Date to be used \_\_\_\_\_ Cafeteria Requesting \_\_\_\_\_

Time to be opened \_\_\_\_\_ Time to be closed \_\_\_\_\_

Number of Meals to be Served: \_\_\_\_\_

Number of Food Service Employees: \_\_\_\_\_

Hourly Rate \_\_\_\_\_ Number of Hours \_\_\_\_\_

Must have clearance from business office prior to service. Please make check or money order payable to RGC CISD .

\_\_\_\_\_  
Dept. Head/ Principal Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Child Nutrition Program

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business Office Approval / CFO

\_\_\_\_\_  
Date