

SPRINGLAKE-EARTH ISD MEAL REQUEST FORM

**PLEASE RETURN FORM TO THE CAFETERIA MANAGER
NO LATER THAN 1 WEEK PRIOR TO DATE OF TRIP**

Staff Member Requesting Meals _____

Event: _____

Date of Trip: _____

Grade/Group: _____

Departure time from School: _____

Number of Students: _____

Number of Adults: _____

Breakfast: Yes or No Number of Breakfast meals _____

Lunch: Yes or No Number of lunches: _____

****Please indicate if any student has an allergy or special needs.**

Procedure:

- 1. Please print, complete, and submit this form in person to the Cafeteria Manager 1 week prior to your event.**
- 2. 2 working days prior to the event contact the Cafeteria Manager with final counts.**
- 3. Students must receive a full meal including milk for it to be considered a reimbursable meal.**
- 4. Please turn in roster/list of each student and adult who received a reimbursable meal to the Cafeteria Manager the next morning for record keeping.**