

Field Trip Sack Lunch Order Form

- Provide written notice to the kitchen 2 weeks prior for all sack lunch orders)

All Field Trip Lunches contain the following:

Turkey or Ham Sandwich (if available Wow Butter & Jelly Uncrustable)

Chips (Varies upon product available)

Fresh Fruit (apple, orange)

Baby Carrots, Celery Sticks w Ranch Dressing

Chex Mix OR Scooby Bones

Milk

Bottle Water (1 bottle per student)

** Child Nutrition no longer allows for juice or Capri Sun as a substitute for milk

1. Fill out the information below "Complete Prior to Field Trip"
2. Make a copy of this order form for your records
3. Send this order form to the school cafeteria 2 weeks prior to the field trip
4. The day of the field trip, pick up the lunches from the school cafeteria.
5. The person responsible for the meal collection form must account for the meal served using the Field Trip Meal Count Form.
6. Return this form with the "Complete After Field Trip information filled in

Complete Before Field Trip

Teacher/Grade: _____

Date of Trip: _____

Number of Lunches Needed: _____

Principal: _____

Complete After Field Trip

Unused Meals ____ Unused Milk ____

Date: _____

Field Trip Meal Count Form

Site _____ Meal _____ Day and Date _____

Supervisor _____ Meal Time _____

Total Meals Received/Prepared _____

Meals to Children:

1 11 21 31 41 51 61 71 81 91 101 111 121 131 141 151 161 171 181 191
2 12 22 32 42 52 62 72 82 92 102 112 122 132 142 152 162 172 182 192
3 13 23 33 43 53 63 73 83 93 103 113 123 133 143 153 163 173 183 193
4 14 24 34 44 54 64 74 84 94 104 114 124 134 144 154 164 174 184 194
5 15 25 35 45 55 65 75 85 95 105 115 125 135 145 155 165 175 185 195
6 16 26 36 46 56 66 76 86 96 106 116 126 136 146 156 166 176 186 196
7 17 27 37 47 57 67 77 87 97 107 117 127 137 147 157 167 177 187 197
8 18 28 38 48 58 68 78 88 98 108 118 128 138 148 158 168 178 188 198
9 19 29 39 49 59 69 79 89 99 109 119 129 139 149 159 169 179 189 199
10 20 30 40 50 60 70 80 90 100 110 120 130 140 150 160 170 180 190

Meals to Program Adults:

1 2 3

Meals to Non-Program (paying) Adults

1 2 3 4 5 6 7 8 9 10
(amount enclosed for adult meals): \$ _____

Total Program Adult Meals + _____
Total Non Program Adult Meals + _____
Total Meals Served = _____
Total Leftover Meals _____

By signing below I certify the above information is true and accurate:

Signature _____

Date _____