



# La Joya ISD Child Nutrition Services Quality Meals To Go/Sack Lunch Request Form

**REQUESTS MUST BE SUBMITTED 10 WORKING DAYS PRIOR TO DATE NEEDED TO THE  
CAMPUS CAFETERIA MANAGER**

Campus Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

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

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

Contact Email Address: \_\_\_\_\_

**NOTE: PROVIDE SERVICE DATES MONTHLY OR SUBMIT A REQUEST PER MONTH**

Date of Service: \_\_\_\_\_ Menu: \_\_\_\_\_

(TO BE FILLED BY CNS DIRECTOR ONLY)

Time of Service: \_\_\_\_\_

Location of Delivery: \_\_\_\_\_

Number of Meals Requested: Breakfast \_\_\_\_\_ Students \_\_\_\_\_ Adults

Lunch \_\_\_\_\_ Students \_\_\_\_\_ Adults

All meals are reimbursable as per Child Nutrition Program guidelines.  
Adults must submit payment prior to trip. \$2.25 Breakfast / \$3.75 Lunch.

**\*\*Student Rosters must be turned in the day after the field trip as supporting documentation to ensure that students received a reimbursable meal.**

**\*\*Campuses that fail to turn in Student Rosters supporting the number of students that participated with the Child Nutrition Program will receive a Catering Invoice payable to CNS at the above price per meal for each student.**

Ice Chests Required? (circle one): No Yes=\_\_\_\_Qty.

Special Diet Student Requests: \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child Nutrition Services Approval

\_\_\_\_\_  
Date



**La Joya**  
INDEPENDENT SCHOOL DISTRICT  
Child Nutrition Services

**La Joya Independent School District  
Child Nutrition Services  
After School Snack Program Request**

**Request must be submitted 5 days prior to date of service to be honored.**

Campus: \_\_\_\_\_ Date: \_\_\_\_\_

Principal: \_\_\_\_\_

Program Name: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Provide Service Dates Monthly: *(Example: Jan, 1, 2, 3 Feb, 5, 6, 7)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Time: \_\_\_\_\_ # of Participants \_\_\_\_\_

Days of Service: \_\_\_\_\_  
(i.e. Mon-Thru, Mon & Wed only, etc.)

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

E-Mail Address: \_\_\_\_\_

Description of After-School Program:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For Child Nutrition Services Use Only:

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Revised 08/2017

