FIELD TRIP SACK LUNCH ORDER FORM

Teachers, please fill out the information below and return via e-mail as an attachment to the Kitchen Supervisor or Lunch Clerk of your school building.

*Please, try to give a 2 Week Notic	ce on all sack lunch orders – Coolers are not provide
Date of field trip:	Grade:
School Location:	_
Teacher/Teachers:	
Number of students in your class/	classes that will be gone during lunch:
Total Quantity of sack lunches nee	ded:
(Sack lunches include, a sandwich	of choice, veggies, fruit, special treat and a Milk)
Turkey Sandwich (AmounSun-butter Sandwich (Am	· ——
What time would you like the sack	lunches to be ready at
	re any special dietary lunches needed – Include student's name
(ex. Substitutions/ food allergies) :	Student(s) name(s) and diet restriction(s)

Kitchen Staff will make a notation on the sack lunch of the restricted meal option.

• Please work out payment details with the school lunch clerk.