



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 WORK LEADER..

Department /
School Requesting: _____ Date of Request: _____

Purpose of Request: _____

Contact Person: _____ Contact Phone Number: _____

Date of Service/Pick-up: _____ Location of Delivery: _____

Time of Service/Pick-up: _____

Number of Meals Requested: Breakfast _____ Students _____ Adults

Lunch _____ Students _____ Adults

All meals are reimbursable as per CNP guidelines.
Adults must submit payment prior to trip. \$1.50 Breakfast / \$2.50 Lunch

Ice Chests required? (circle one): Yes, _____ Qty No

Special Diet Requests: _____

Dept. Head/Principal Approval

Date