

Mountain Home Schools Food Service
Sack Lunch Request
SACK LUNCH REQUEST MUST BE SUBMITTED AT
LEAST TWO WEEKS IN ADVANCE.

Today's Date: _____

Class or Group making request: _____

Date lunches are needed : _____ Time: _____

Sack Lunch Count _____ List of students who request a lunch. (Their account will be charged.)

Person or Building to bill: _____

PLEASE NOTIFY KITCHEN IMMEDIATELY IF TRIP IS CANCELED

Sack Lunch name list:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

All sack lunch requests must go through the Food Service Office for the items to be ordered. Any questions call Debbie 425-1225.

Principal's Approval: _____ Date: _____