

**TUBA CITY UNIFIED SCHOOL DISTRICT  
SACK LUNCH/BREAKFAST REQUEST FORM  
Food & Nutrition Service**

1. All sack lunch request. Must be received in the **Food & Nutrition Office** 10 school days prior to the date of the trip.
2. All requests submitted incomplete will be returned to the original requester.
3. CANCELLATIONS MUST BE MADE 24 HOURS PRIOR TO THE SCHEDULED PICKUP. If meals are not cancelled. **THE ORIGINAL REQUESTER WILL BE INVOICED FOR THE MEALS.**
4. A list of students attending the trip must be submitted in the Food Service Cashier at that school. **ON THE DAY OF THE TRIP BEFORE THE SACK LUNCHES WILL BE RELEASED FOR PROPER IDENTIFICATION.**
5. Please complete the list on the back of this form for students, fill in the name and ID number of each students attending the trip.
6. Adult Sacks **MUST BE PAID PRIOR** to scheduled pick up. Adult sack lunches are \$3.00 per lunch. Adult breakfast sacks are \$2.25.
7. If you are requesting specific items, please note there is an additional charge for these items.
8. ANY questions, please call 928-283-1120/1120. We will be happy to help you.

Today's Date: _____		
Date of Trip: _____	Time to Pick Up: _____	Destination: _____
School/Dept: _____	Grade: _____	Class: _____
Teacher/Sponsors: _____		Signature: _____
<b>Meal Type: Breakfast: _____ Lunch: _____</b> No. of Students: _____ No of Adults: _____ Total Meal Requested: _____ <b>Meals not taken:</b> No. of Students: _____ No of Adults: _____ Total Meal not Taken: _____		
<b>Payment Type:</b> Accounts: _____ Cash: _____ Purchase Order No.: _____ Approved by Principal/Designee: _____ Date: _____		
<b>FOOD &amp; NUTRITION SERVICE ONLY</b>		
Invoice#: _____		
Directors Signature: _____		Date: _____
Kitchen Site Received: _____	Date: _____	Assigned to: _____
Completed by: _____	Picked up by: _____	Date: _____

