

Please complete form, then email/scan to: Sue Ann Martinez (Director of Food Service): smartinez@mathisisd.org, Evonne Huerta (Secretary to Sue Ann) ehuerta@mathisisd.org, **Your Cafeteria Manager.**



Ace "On the Go" Meals Travel ID# _____

Field Trip Request for Sack Meals

2 Week advance notice is requested. Date: _____

Date of Field Trip: _____ Time Departing: _____

Teacher's Name: _____ Campus: _____

Please drop off an ice chest to the cafeteria a day prior. The ice chest will ensure the meals stay within temperature while on the trip.

Contact/ pick up Person with phone number _____

Meals Requested (check one):

____ **Breakfast:** _____ #Students _____ #Adult Staff _____ #Bus Drivers

NOTE: Breakfast meals of free of charge for Adults and Bus Drivers.

____ **Lunch/Dinner:** _____ #Students _____ #Adult Staff (\$4.75) _____ #Bus Drivers (\$4.75)

*NOTE: Adult/Bus Driver meals are \$4.75 – a **PO MUST** be turned into Food Service with ACE Request.*

Return a student roster to the cafeteria of who received a sack meal.

BREAKFAST

Breakfast meal includes:

Breakfast Item

Juice

Choice of Milk

Students may select the choice of milk they want. They are not required to take the milk; however it **MUST** be offered to them.

_____ Number of Skim Chocolate Milk Needed

_____ Number of White Milk Needed

LUNCH/DINNER

Please select one of the following:

___ **Ham/Cheese Sandwich**

___ **Turkey/Cheese Sandwich**

All lunches include the following:

Juice

Fresh Vegetable

Fresh Fruit

Variety of Milk

Condiments

Students may select the choice of milk they want. They are not required to take the milk; however it **MUST** be offered to them.

_____ Number of Skim Chocolate Milk Needed

_____ Number of White Milk Needed

