



MIAMI-DADE COUNTY PUBLIC SCHOOLS
DEPARTMENT OF FOOD AND NUTRITION

FOOD SERVICE MEAL REQUEST

Date _____ Room # _____ Teacher _____

Total # Meals _____ Date and Time (of field trip) _____

Student Name	ID Number	Choice of Milk*	A/C #	Amt. Due	Meal Received (✓) as served
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

TOTAL AMOUNT COLLECTED: \$ _____

SIGNATURE OF TEACHER

SIGNATURE OF F.S. MANAGER

*C (CHOCOLATE) *W (WHOLE MILK) *1% (1% MILK) *S (SKIM)