

**FOOD SERVICE DEPARTMENT
FIELD TRIP LUNCH ORDER ROSTER**

SCHOOL _____

TEACHER _____

DATE OF TRIP _____

ROOM# _____ GRADE _____

Please return this completed form or a classroom roster to the lunch room worker AND The clinic 10 days prior to the field trip, along with the request for meals. PLEASE DO NOT Over order. The cafeteria employee must be notified the day of the trip if there are any Students absent or not attending so the lunch can be pulled.

	NAME		NAME
1.		16.	
2.		17.	
3.		18.	
4.		19.	
5.		20.	
6.		21.	
7.		22.	
8.		23.	
9.		24.	
10.		25.	
11.		26.	
12.		27.	
13.		28.	
14.		29.	
15.		30.	

Adult lunches ordered _____

Adult money collected _____