

MAPLE RIVER FOOD SERVICE REQUEST

NEEDS TO BE TURNED IN ONE WEEK IN ADVANCE

FOOD SERVICE DIRECTOR'S FAX #: 524-3532
EMAIL: hehlke@isd2135.org

SACK LUNCHES

Today's Date: _____

Date & Time Leaving: _____

Location: _____

Person Requesting Items: _____

Grade: _____

Number of Students and Staff: _____

* Cashier will charge Students and Staff Lunch Account. Give a list of names & numbers to them

Items furnished by the Food Service Program:

Quantity	Description

Contact Person Signature _____

Food Service Director Signature _____

Pick up lunches in the Kitchen.