



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)