# Bag Meal Packing Slip

## Template

Name of School:

Number of Meals Requested:

Class/Group:

Date of Field Trip/Event:

Name of Contact:

Pick Up Time:

**Meal Type** *(circle the one that applies)*: Breakfast Lunch

**Grade Group** *(circle the one that applies)*: Pre-K K-5 6-8 K-8 9-12

|  |  |  |
| --- | --- | --- |
| Meal Components | Menu items Requested | Portion Sent *(Food service staff will fill in this column to meet meal pattern requirements for selected grade group)* |
| Meat/Meat Alternate |  |  |
| Grains |  |  |
| Vegetable |  |  |
| Fruit |  |  |
| Milk |  |  |
| Other |  |  |

Food quality, safety and spoilage precautions will be taken when preparing and packing the bag meals. Bag meals (including milk) will be packed in insulated containers.

**Please observe the following procedures:**

1. Store bag meals in insulated containers with the cover secured until meal service and keep the insulated container away from direct sunlight.
2. Serve the meal as soon as possible to prevent prolonged storage.
3. Do not serve food items that have been left out of insulated containers for more than two hours.
4. Discard leftover bag meals in appropriate receptacle.

**Instructions for reporting reimbursable student lunches/breakfasts:**

List students who receive a reimbursable meal on the attached form, entitled “Students Receiving Reimbursable Meals”. These names must be recorded at the time of meal service. Do not include the names of students who do not receive reimbursable meals. The school’s Offer versus Serve policy may permit students to turn down one or two meal items. Please obtain clarification about the policy from the food service manager.

**Signature of contact ordering meals:**

**Title:**

**Date:**

Please contact the person listed below for questions or concerns about the bag meals.

Contact Name:

Title:

Phone number

E-mail

**RETURN THE SIGNED PACKING SLIP AND LIST OF STUDENTS RECEIVING REIMBURSABLE BAG MEALS TO:**