

Request To Take Food Off Site (For Field Trips Only)
Must be submitted to SNP 10 business days prior to field trip
Must be approved by SNP to claim meals
Any changes must be submitted to SNP prior to field trip or meals will not be reimbursed

Facility Name: _____

Agreement Number: _____

Address of the field trip location: _____

Estimated Meal Count: _____

Requested dates to take food off site: _____

Reason: _____

Explain in detail how you will ensure the safety and quality of the meals by using adequate storage equipment when transporting meal. _____

How will Sponsor meet requirements for meal pattern and accountability that each child receives a reimbursable meal? _____

ALL HEALTH REGULATIONS APPLY

Sponsor Submitting Request _____

Print Name

Signature

Date

SA Representative _____
(State Agency: Retain original for file and send a copy to facility)