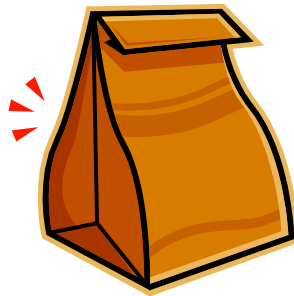


# BAG LUNCH REQUEST FORM

Date of trip \_\_\_\_\_



List the name of the teachers whose classes are going on the trip AND THE NUMBER OF BAG LUNCHES FOR EACH CLASS.

Teacher Number of Bag Lunches Needed

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

What time do the lunches need to be ready for pickup \_\_\_\_\_

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Signature of teacher in charge



Baltimore City Public School System

Department of Food and Nutrition Services

Receipt for Totes/Icepacks/Cafeteria Supplies

School Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

\*Person responsible for Items Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Manager/PIC Signature: \_\_\_\_\_

Item(s) received:	How many:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

All items are to be returned immediately after usage; however, totes and icepacks, when used for trips must be returned no later than the following day.

\*Please Note: Items are being lent at no cost; however, if the items are not returned a cost will be forwarded to you.

Returned Information

Items returned

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Returned Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager/PIC Signature: \_\_\_\_\_

Thank you for your continued support. We appreciate your business