

## Anthony Independent School District

## **Snack Request Form**

Request must be submitted to Cafeteria Manager two (2) weeks prior to need date

Teacher's Name:	Campus:	Room:
Date needed:	Time needed:	
Total # needed :		
IMPORTANT: To ensure school district reimbursement, the Child Nutrition department must be provided with a list of students with ID numbers that are requesting breakfast, lunch or snack for off-site consumption. The teacher or a designated adult must be responsible for check ( $$ ) marking the students name when accepting the complete snack.		
The roster must be returned to the Cafeteria Manager upon return to campus to ensure proper accountability.		
USDA regulations require a record of which and must be kept on file.	ı students were provided wit	h a reimbursable snack
Email completed form to the appropriate ca	<u> </u>	
ES - Juan Valdez - JValdez@anthonyisd.n		
MS/HS - Brenda Jimenez - BJimenez@an	thonyisd.net	
CC: Tisha Villalva and Sara Moya		