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)

Revised 6/2019