

Field Trip Request – Summer Food Service Program

Fax to: Nutrition Services at 402-471-4407 or
E-mail to Sue.Gilleland@nebraska.gov

Request for meals served off-site must be received by NDE Nutrition Services
at least **48 hours prior to the activity.**

SFSP Sponsor's Name: _____ Agreement Number: _____

Site Requesting Field Trip: _____

Site contact person requesting off-site meals: _____

Date of Field Trip: _____ Location of Field Trip: _____

Number of off-site meals ordered: Breakfast: _____ AM Snack: _____ Lunch: _____ PM Snack: _____ Supper: _____

Requirements for Meals Served Off-site:

- An actual count of children receiving off-site meals must be taken and documented.
- Only eligible children will be served.
- All meals must meet meal pattern requirements, served as a unit and are documented on a daily production record.
- All meals will be properly supervised.

Sponsor Contact Submitting Request to NDE: _____

NDE USE ONLY

Approving Official: _____ Approval Date: _____

This institution is an equal opportunity provider.

Summer Food Service Production Record

Field Trip

(For Sponsors operating the Summer Food Service Program- not for use with any other program)

Circle Meal record is for: Breakfast Lunch Snack Supper

Sponsor Name: Western Public Schools

Site Name: Clinton School

Date: June 2, 20XX

Planned # of Meals Children <u>10</u> Program Adults <u>0</u> Non-Program Adults <u>0</u>	Planned # Portions List serving size for each food item
Menu: List each food item	Number of Meals Planned <p style="text-align: center; color: red;">10</p>
Ham and Cheese Sandwich Baby Carrots Apple Rice Krispie Bar Milk	<p style="text-align: center; color: red;">1 ¼ cup 1 Whole 1 1 cup</p>

Food Items Used and Form	List Recipe # with number of servings prepared or Product Name and Number or it Commodity	Total Amount Prepared	Amount Leftover
Meat/Meat Alternate Ham and Cheese Sandwich	SR	10	1
Fruits/Vegetables Baby Carrots Apple		10 – ¼ cup 10– 113 med	1 1
Grains/Breads Rice Krispie Bars	School Recipe	10	1
Milk Chocolate Skim	Roberts	10	1
Other (e.g. margarine, jelly)		.	

9 Children + Program Adults + Non-Program Adults = 9 Actual Count of Meals Served

DAILY MEAL COUNT FORM

Site Name: _____

Meal Type (circle) : B L SN SU

Address: _____

Telephone: _____

Supervisor's Name: _____

Delivery Time: _____

Date: _____

Meals received/prepared _____ + Meals available from previous day _____ = _____ (Total meals available) ①

First Meals Served to Children (cross off number as each child receives a meal):

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20		
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40		
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60		
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80		
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100		
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120		
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140		
141	142	143	144	145	146	147	148	149	150											Total First Meals +	②

Second meals served to children:

1	2	3	4	5	6	7	8	9	10											Total Second Meals +	③
---	---	---	---	---	---	---	---	---	----	--	--	--	--	--	--	--	--	--	--	-----------------------------	----------

Meals served to Program adults:

1	2	3	4	5	6	7	8	9	10											Total Program Adult Meals +	④
---	---	---	---	---	---	---	---	---	----	--	--	--	--	--	--	--	--	--	--	------------------------------------	----------

Meals served to non-Program adults:

1	2	3	4	5	6	7	8	9	10											Total non-Program Adult Meals +	⑤
---	---	---	---	---	---	---	---	---	----	--	--	--	--	--	--	--	--	--	--	--	----------

TOTAL MEALS SERVED = ⑥

Total damaged/incomplete/other non-reimbursable meals + ⑦

Total leftover meals + ⑧

Total of items: _____ ⑥ + ⑦ + ⑧ = ⑨

(Item ⑨ should be equal to item ①)

Number of additional children requesting a meal after all available meals were served:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----

By signing below, I certify that the above information is true and accurate:

Signature

Date