



Rio Grande City CISD Child Nutrition Services Cafeteria Request Form

*REQUEST MUST BE SUBMITTED 21 WORKING DAYS PRIOR TO DATE NEEDED
TO THE BUSINESS OFFICE AND CHILD NUTRITION PROGRAM OFFICE*

Department/
School Requesting: _____ Date of Request: _____

Purpose of Request: _____

Contact Person: _____ Contact Phone Number: _____

Date to be used _____ Cafeteria Requesting _____

Time to be opened _____ Time to be closed _____

Number of Meals to be Served: _____

Number of Food Service Employees: _____

Hourly Rate _____ Number of Hours _____

Must have clearance from business office prior to service. Please make check or money order payable to RGC CISD .

Dept. Head/ Principal Approval

Date

Director of Child Nutrition Program

Date

Business Office Approval / CFO

Date

