

Leon Independent School District

Meal Request Form

(Please turn in meal money request form 3 days prior to when needed)

Date: _____

Campus: ELM JR HS

I, _____, am requesting meal money for the following activity _____.
I will need money for _____ (number of meals) for _____ (number of students), and _____ (number sponsor/sponsors, this including drivers). I will need money by _____. My destination of the activity is _____.

I have a master list of students receiving this money and I will require each student to initial by their name showing they received the meal money. I will give the initialed list to Shannon Guyton.

Signature of Sponsor

Campus Principal

Date