Food and Nutrition Services Department

Off-Line Roster Form

School:_____ Date:_____

Meal Session: _____

* Any items given to students outside of the cafeteria (i.e. clinic, in-school suspension, etc.) must be checked off on this form

Student Name	Student ID # / School Location	Meal Served ✓ check if meal is served

_____ _____

Signature of person performing point of sale (POS) *Date*