



WILTON SIMPSON
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Food, Nutrition and Wellness

REQUEST TO BREAK OUT MEAL SERVICE

5P-2.002, F.A.C.

Internal Use Only

Approved:

Denied:

Date: _____

Initials: _____

School Year: _____

Sponsor Name	Sponsor #
Site Name	Site #

Current time of meal service: _____

Proposed time of each meal service: 1st) _____ 2nd) _____

Explain why meal service should be provided over two service periods:

Describe the process to ensure all required meal pattern components in their appropriate amounts are provided over the course of two meal services:

Provide what meal counting procedures would be in place to ensure an accurate Claim for Reimbursement is made:

School Food Service Director or Designee Signature

Date