

To: Food Service Manager

From:
SCICON Food Service Manager
Justine Padilla

Return via email or fax:
Email: justine.padilla@tcoe.org
Fax: 559-539-2643

Re: Provisional Meal Plan Percentages

Please provide SCICON with the Provisional Meal Plan percentages for month indicated on the Class Registration List. **Percentages listed must total 100%**

Questions? Call 559-539-3997

School _____

District _____

Month of _____

Breakfast

Free _____%

Paid _____%

Reduced _____%

Total: _____100_____%

Lunch

Free _____%

Paid _____%

Reduced _____%

Total: _____100_____%

Authorized Signature

Date

Print Name

Title

Phone Number