

# PACKED MEALS REQUEST FORM

The Head of Food Services · Rhodes University · [foodservices@ru.ac.za](mailto:foodservices@ru.ac.za) ☎ 046 - 622 9971

Complete **all the fields** and email / fax / hand in to the Head of Food Services for approval;  
**TWO WORKING DAYS** in advance

Food Services is located at 33 South Street.

|                           |                      |                              |                      |
|---------------------------|----------------------|------------------------------|----------------------|
| Name & Surname of student | <input type="text"/> | Student number               | <input type="text"/> |
| Residence:                | <input type="text"/> | Dining hall to collect from: | <input type="text"/> |
| Cellphone number:         | <input type="text"/> |                              |                      |

**Reason for packed meal request:** (Please attach proof of Academic Commitment OR proof of Sporting Commitment from the relevant Dept.)

Meals required:  B  L  S

Diet preference:  Default  Halaal  Veg

Select day (tick applicable box/es)  Mon  Tue  Wed  Thurs  Fri  Sat  Sun

### PACKED MEAL OPTIONS

|   |   |  |
|---|---|--|
| <b>Monday:</b><br>1 x Roast Chicken pie / 1 x veg curry pie   | <b>Tuesday:</b><br>2 x chicken hot dog / 2 x soya hot dog                       | <b>Wednesday:</b><br>1 x foot long roll with tuna mayo / egg mayo OR 1 x footlong roll with cheese and salad |
| <b>Thursday:</b><br>1 x chicken burger / 1 x soya burger  | <b>Friday:</b><br>1 x roast chicken pie / 1 x spinach & feta pie                | <b>Saturday:</b><br>1 x chicken burger / 1 x soya burger   |
| <b>Sunday:</b><br>1 x Wors roll OR Burger (chicken/beef) /<br>1 x footlong roll with cheese and salad | <b>COMMON ITEMS IN ALL PACKED MEALS:</b><br>Fruit juice; fruit; yoghurt; muffin |  |

NOTE: LATE REQUESTS ARE SUBJECT TO MENU CHANGES

### RULES FOR ORDERING PACKED MEALS:

1. Packed meals will not be produced for more than two (2) consecutive meals per day - as per food hygiene handling requirements
2. Incomplete forms will not be processed

|                           |                      |                          |                      |
|---------------------------|----------------------|--------------------------|----------------------|
| Date of first packed meal | <input type="text"/> | Date of last packed meal | <input type="text"/> |
| Collection time           | <input type="text"/> |                          |                      |
| Signature of applicant    | <input type="text"/> | Date                     | <input type="text"/> |

### FOR OFFICE USE:

|                  |                      |                            |                      |
|------------------|----------------------|----------------------------|----------------------|
| DATE RECEIVED:   | <input type="text"/> | APPROVED BY                | <input type="text"/> |
| KITCHEN NOTIFIED | <input type="text"/> | MEALS COORDINATOR NOTIFIED | <input type="text"/> |