REQUEST FOR POINT OF SALE ACCOUNT LIMITS

Student Name:

Student ID:

Write in amounts you wish to limit your student to spend in the following areas from their prepayment accounts. Students may still spend cash above these limits.

Breakfast: $__________
Lunch: $__________
Maximum Daily Spending: $__________

CIRCLE ONE ONLY:
COMBO Meals only
COMBO Meals and a la carte items

Signed: ____________________________ Date: ____/_____

Print Your Name: ____________________________

Please return to cafeteria staff.

PPS Food Services:
Choice, Health, & Flavor are Always on the Menu