

Monthly Lunch/Milk Order Form

Name: _____

Room _____

Grade _____

Parent Signature _____

# of Days Lunches Desired (Milk included with lunch) ⇒ Multiplied by Lunch Cost Paid \$2.25, Reduced 40¢ or Free	
Total Lunch Cost	
# of Days Milk Only Desired	
Multiplied by Milk Cost 50¢	
Total Milk Cost	
Grand Total(Lunch plus Milk)	

If your child chooses the Top Main Item, place a CHECK (✓) on the appropriate date.

If your child chooses (A) Main Item, place the letter (A) on the appropriate date.

If your child chooses Milk Only, place the letter (M) on the appropriate date.

February 2012

Always use a (✓) for Manager's choice.

<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>
		1	2	3
6	7	8	9	10
13	14	15	16	17
20 President's Day	21	22	23	24
27	28	29		