

# Monthly Lunch/Milk Order Form

Student Name: \_\_\_\_\_

Room: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

**If writing a check, please make payable to: DOC Nutrition Services**

# of Days Lunch Desired (Milk included with lunch) →	
Multiplied by Lunch Cost <small>Free</small>	
Total Lunch Cost	0
# of Days Milk Only Desired	
Multiplied by Milk Cost <small>50¢</small>	
Total Milk Cost	
Grand Total (Lunch plus Milk)	

**Please place only one symbol per day:**

**L = Lunch**

**M = Milk only (milk is included with the lunch)**

## April 2021

Monday	Tuesday	Wednesday	Thursday	Friday
			Week 4-Orange 1	2 <div style="background-color: black; color: white; padding: 2px; display: inline-block;">GOOD FRIDAY</div>
Week 1-Blue 5	6	7	8	9
Week 2-Green 12	13	14	15	16
Week 3-Yellow 19	20	21	22	23
Week 4-Orange 26	27	28	29	30

This institution is an equal opportunity provider