

# 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 Paid \$0.00, Reduced 0.00¢ or Free	
Total Lunch Cost	
# of Days Milk Only Desired	
Multiplied by Milk Cost 50¢	
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)**

## February 2022

Monday	Tuesday	Wednesday	Thursday	Friday
	Week 3-Yellow 1	2	3	4
Week 4-Orange 7	8	9	10	11
Week 1-Blue 14	15	16	17	18 <b>X</b>
21 <b>PRESIDENTS' DAY</b>	Week 2-Green 22	23	24	25
Week 3-Yellow 28				

This institution is an equal opportunity provider