

# 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 \$3.00, 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 2024

Monday	Tuesday	Wednesday	Thursday	Friday
			Blue 1	2
Green 5	6	7	8	9
Yellow 12	13	14	15	16
19 PRESIDENTS' DAY	Orange 20	21	22	23
Blue 26	27	28	29	

This institution is an equal opportunity provider