

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)

January 2024

Monday	Tuesday	Wednesday	Thursday	Friday
1 NEW YEAR'S DAY	2 Blue 	3	4	5
8 Green	9	10	11	12 
15 MARTIN LUTHER KING DAY	16 Yellow	17	18	19
22 Orange	23	24	25	26
29 Blue	30	31		

This institution is an equal opportunity provider

Database Name: MonthlyParentOrderForms; Layout Name: OneItem