

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)

January 2022

Monday	Tuesday	Wednesday	Thursday	Friday
Week 3-Yellow 3	4	5	6	7
Week 4-Orange 10	11	12	13	14
17	Week 1-Blue 18	19	20	21
MARTIN LUTHER KING DAY				X
Week 2-Green 24	25	26	27	28
Week 3-Yellow 31				

This institution is an equal opportunity provider