

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 Free	
Total Lunch Cost	0
# 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)

May 2021

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1-Blue	3	4	5	6	7
Week 2-Green	10	11	12	13	14
Week 3-Yellow	17	18	19	20	21
Week 4-Orange	24	25	26	27	28
<div style="display: flex; justify-content: space-between; align-items: center;"> BLUE 31 </div> <div style="background-color: black; color: white; padding: 2px; font-weight: bold; margin-top: 5px;">MEMORIAL DAY</div>		6/1	6/2	6/3	X

This institution is an equal opportunity provider