

Monthly Lunch/Milk Order Form

Student Name: _____

Room: _____

Grade: _____

Parent Signature: _____

# of Days Lunch Desired (Milk included with lunch)	
Multiplied by Lunch Cost Paid \$3.00, Reduced 40¢ or Free	
Total Lunch Cost	
# of Days Milk Only Desired	
Multiplied by Milk Cost 50¢	
Total Milk Cost	
Grand Total (Lunch plus Milk)	

If writing a check, please make payable to: DOC Nutrition Services

Please place only one symbol per day:

L = Lunch

M = Milk only (milk is included with the lunch)

August / September 2020

Monday	Tuesday	Wednesday	Thursday	Friday
Aug 17	Aug 18	Aug 19	Aug 20	Aug 21
Week 1-Blue	Aug 24	Aug 25	Aug 26	Aug 27
Week 2-Green	Aug 31	Sept 1	Sept 2	Sept 3
Week 3-Yellow	Sept 7	Sept 8	Sept 9	Sept 10
Labor Day	Week 4-Orange	Sept 16	Sept 17	Sept 18
Week 1-Blue	Sept 14	Sept 15	Sept 16	Sept 17
Week 2-Green	Sept 21	Sept 22	Sept 23	Sept 24
Week 3-Yellow	Sept 28	Sept 29	Sept 30	

This institution is an equal opportunity provider