

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 40¢ 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)

November 2020

Monday	Tuesday	Wednesday	Thursday	Friday
Week 4-Orange 2	3	4	5	6
Week 1-Blue 9 	10	11	12	13
Week 2-Green 16	17	18	19	20
Week 3-Yellow 23	24	25 	26 THANKSGIVING	27
Week 4-Orange 30				

This institution is an equal opportunity provider