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)

October 2020

Monday	Tuesday	Wednesday	Thursday	Friday
			1 Week 3-Yellow	2
5 Week 4-Orange	6	7	8	9 X
12 Week 1-Blue	13	14	15	16
19 Week 2-Green	20	21	22	23
26 Week 3-Yellow	27	28	29	30

This institution is an equal opportunity provider

Database Name: MonthlyParentOrderForms; Layout Name: OneItem