

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 <small>Paid \$2.75, Reduced 40¢ or Free</small>	
Total Lunch Cost	
# of Days Milk Only Desired	
Multiplied by Milk Cost <small>50¢</small>	
Total Milk Cost	
Grand Total <small>(Lunch plus Milk)</small>	

Please place only one symbol per day:

L = Lunch

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

April 2017

Monday	Tuesday	Wednesday	Thursday	Friday
3	4	5	6	7
10	11	12	13	14 <i>GOOD FRIDAY</i>
17	18	19	20	21
24	25	26	27	28

USDA and this institution are equal opportunity providers and employers