

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 \$2.75, 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:

✓ = Top Main Item

A = Alternate Main Item

M = Milk only (milk is included with the main and alternate lunch choices)

August / September 2018

Monday	Tuesday	Wednesday	Thursday	Friday
<i>August 20</i>	<i>August 21</i>	<i>August 22</i>	<i>August 23</i>	<i>August 24</i>
<i>August 27</i>	<i>August 28</i>	<i>August 29</i>	<i>August 30</i>	<i>August 31</i>
3 LABOR DAY	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28