

# 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)

## March 2018

Monday	Tuesday	Wednesday	Thursday	Friday
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30 <span style="background-color: red; color: white; padding: 2px;">GOOD FRIDAY</span>