

# 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)

## May 2018

Monday	Tuesday	Wednesday	Thursday	Friday
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28 MEMORIAL DAY	29	30	31	

This institution is an equal opportunity provider