

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)

December 2018

Monday	Tuesday	Wednesday	Thursday	Friday
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25 CHRISTMAS	26	27	28
31 NEW YEAR'S EVE				

This institution is an equal opportunity provider