

# 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) ⇄	
Multipled by Lunch Cost Free	
Total Lunch Cost	0
# of Days Milk Only Desired	
Multipled by Milk Cost 50¢	
Total Milk Cost	
Grand Total (Lunch plus Milk)	

Please place only one symbol per day:

L = Lunch

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

## April 2021

Monday	Tuesday	Wednesday	Thursday	Friday
5	6	7	8	9
Week 1-Blue				
12	13	14	15	16
Week 2-Green				
19	20	21	22	23
Week 3-Yellow				
26	27	28	29	30
Week 4-Orange				
			1	2
			Week 4-Orange	GOOD FRIDAY

This institution is an equal opportunity provider