

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 Free | |
| Total Lunch Cost | 0 |
| # 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:

L = Lunch

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

March 2021

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|---------------|--------|---------|-----------|----------|--------|
| Week 4-Orange | 1 | 2 | 3 | 4 | 5 |
| Week 1-Blue | 8 | 9 | 10 | 11 | 12 |
| Week 2-Green | 15 | 16 | 17 | 18 | 19 |
| Week 3-Yellow | 22 | 23 | 24 | 25 | 26 |
| Week 4-Orange | 29 | 30 | 31 | | |
| | | | | | |

This institution is an equal opportunity provider