

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 \$3.00, Reduced 0.00¢ 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:

L = Lunch

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

May 2024

Monday	Tuesday	Wednesday	Thursday	Friday
		Green 1	2	3
Yellow 6	7	8	9	10
Orange 13	14	15	16	17
Blue 20	21	22	23	24
27 MEMORIAL DAY	Green 28	29	30	31

This institution is an equal opportunity provider