

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 \$3.25, 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)

September 2024

Monday	Tuesday	Wednesday	Thursday	Friday
2 <i>LABOR DAY</i>	3 Orange	4	5	6
9 Blue	10	11	12	13
16 Green	17	18	19	20
23 Yellow	24	25	26	27
30 Orange				

This institution is an equal opportunity provider