

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)

August / September 2019

Monday	Tuesday	Wednesday	Thursday	Friday
Aug 19	Aug 20	Aug 21	Aug 28	Aug 29
Aug 26	Aug 27	Aug 28	Aug 29	Aug 30
Sept 2 LABOR DAY	Sept 3	Sept 4	Sept 5	Sept 6
Sept 9	Sept 10	Sept 11	Sept 12	Sept 13
Sept 16	Sept 17	Sept 18	Sept 19	Sept 20
Sept 23	Sept 24	Sept 25	Sept 26	Sept 27
Sept 30				