

# 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 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:**

**L = Lunch**

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

## February 2021

Monday	Tuesday	Wednesday	Thursday	Friday
1	2	3	4	5
8	9	10	11	12
15 <span style="background-color: red; color: white; padding: 2px;">PRESIDENTS' DAY</span>	16	17	18	19
22	23	24	25	26

This institution is an equal opportunity provider