

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 <small>Paid \$3.00, Reduced 0.00¢ or Free</small>	
Total Lunch Cost	
# of Days Milk Only Desired	
Multiplied by Milk Cost <small>50¢</small>	
Total Milk Cost	
Grand Total <small>(Lunch plus Milk)</small>	

Due Date
4-19-24
May 2024

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)

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
MEMORIAL DAY 27	Green 28	29	30	31

This institution is an equal opportunity provider