

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)

April 2024

Monday	Tuesday	Wednesday	Thursday	Friday
Green 1 	2	3	4	5
Yellow 8 	9	10	11	12
Orange 15	16	17	18	19
Blue 22	23	24	25	26 
Green 29	30			

This institution is an equal opportunity provider