

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 0.40¢ 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)

May 2023

Monday	Tuesday	Wednesday	Thursday	Friday
Week 1-Blue 1	2	3	4	5
Week 2-Green 8	9	10	11	12
Week 3-Yellow 15	16	17	18	19
Week 4-Orange 22	23	24	25	26
Week 1-Blue 29	30	31		

This institution is an equal opportunity provider