

X BLUE OR BLACK INK ONLY

Monthly Lunch/Milk Order Form

Name: _____
 Room #: _____
 Teacher: _____

ATTENTION PARENTS:
 JANUARY 20, 2012

"THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER"

PLEASE NOTE ON FEB 3RD
 " NO HOT LUNCH OR
 ALA CARTE "
 ONLY MILK - AVAILABLE

MRS-S-

If your child chooses the Top Main Item, place a CHECK (✓) on the appropriate date.

If your child chooses (A) Alternate Item, place the letter (A) on the appropriate date.

If your child chooses Milk Only, place the letter (M) on the appropriate date.

# of Days Lunches Desired (Milk IS included with lunch)	
Multiplied by Lunch Cost Paid \$2.25, Reduced 40¢ or Free	
Total Lunch Cost	
# of Days Milk Only Desired	
Multiplied by Milk Cost 50¢	
Total Milk Cost	
# of Days of Credit _____ Lunch	< >
# of Days of Credit _____ Milk	< >
DATE OF CREDIT: _____	
Grand Total (Lunch + Milk - Credits)	

CASH [] CHK [] # _____

ORDER ENTERED [] []

POSSIBLE HOT LUNCH DAYS 19

FEBRUARY 2012

Always use (✓) a for Manager's Choice.

Monday	Tuesday	Wednesday	Thursday	Friday
		1	2	3 MILK ONLY () AVAILABLE
6	7	8	9	10
13	14	15	16	17 NO SCHOOL
20 NO SCHOOL	21	22	23	24
27	28	29		

IF YOU KNOW OF A FIELD TRIP - DO NOT ORDER FOR THAT DAY!

IF YOU CANNOT PRINT OUT THIS FORM COPIES ARE AVAILABLE IN THE SCHOOL OFFICE!