



**ORDERS DUE: Thursday, May 30<sup>th</sup> by NOON**

Please indicate whether you would like a complete lunch or milk only by **circling item** on the appropriate day. Total your weekly choices in the right column and then multiply by lunch or milk rate. Also, please indicate in which class your child eats lunch.

CHILD'S FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ LUNCH CLASS: \_\_\_\_\_

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	TOTALS
<b>EXACT CHANGE ONLY, PLEASE!</b>					X
3 COMPLETE LUNCH MILK ONLY	4 COMPLETE LUNCH MILK ONLY	5 COMPLETE LUNCH MILK ONLY	6 COMPLETE LUNCH MILK ONLY	7 COMPLETE LUNCH MILK ONLY	_____ _____
10 COMPLETE LUNCH MILK ONLY	11 COMPLETE LUNCH MILK ONLY	12 COMPLETE LUNCH MILK ONLY	13 COMPLETE LUNCH MILK ONLY	14 <b>NO HOT LUNCH</b>	_____ _____



**Have a safe and fun summer!**  
**Hot lunch service resumes September 9!**



TOTAL COMPLETE LUNCH \_\_\_\_\_ X \$3.15 = \$ \_\_\_\_\_  
 TOTAL MILK ONLY \_\_\_\_\_ X .60¢ = \$ \_\_\_\_\_  
**GRAND TOTAL** = \$ \_\_\_\_\_

How are you paying?  
 CASH     ONLINE  
 CHECK# \_\_\_\_\_

~~~FOR OFFICE USE ONLY~~~  
 AMT PAID: \$ \_\_\_\_\_  
 DATE: \_\_\_\_\_ INITIAL: \_\_\_\_\_