

May 2019 LUNCH FORM (\$3.15 Complete Lunch -.60¢ Milk Only)



ORDERS DUE: *Thursday, April 25th 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
EXACT CHANGE ONLY, PLEASE!		1 COMPLETE LUNCH MILK ONLY	2 COMPLETE LUNCH MILK ONLY	3 COMPLETE LUNCH MILK ONLY	_____
6 COMPLETE LUNCH MILK ONLY	7 COMPLETE LUNCH MILK ONLY	8 COMPLETE LUNCH MILK ONLY	9 COMPLETE LUNCH MILK ONLY	10 COMPLETE LUNCH MILK ONLY	_____
13 COMPLETE LUNCH MILK ONLY	14 COMPLETE LUNCH MILK ONLY	15 COMPLETE LUNCH MILK ONLY	16 COMPLETE LUNCH MILK ONLY	17 COMPLETE LUNCH MILK ONLY	_____
20 COMPLETE LUNCH MILK ONLY	21 COMPLETE LUNCH MILK ONLY	22 COMPLETE LUNCH MILK ONLY	23 COMPLETE LUNCH MILK ONLY	24 NO HOT LUNCH	_____
27 NO SCHOOL	28 COMPLETE LUNCH MILK ONLY	29 COMPLETE LUNCH MILK ONLY	30 COMPLETE LUNCH MILK ONLY	31 COMPLETE LUNCH MILK ONLY	_____

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: \_\_\_\_\_