



ORDERS DUE: Thursday, September 28th 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 what class your child eats lunch in.

CHILD'S FIRST NAME: _____ LAST NAME: _____ LUNCH CLASS: _____

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	TOTALS
2 COMPLETE LUNCH MILK ONLY	3 COMPLETE LUNCH MILK ONLY	4 COMPLETE LUNCH MILK ONLY	5 COMPLETE LUNCH MILK ONLY	6 COMPLETE LUNCH MILK ONLY	_____ _____
9 NO HOT LUNCH	10 COMPLETE LUNCH MILK ONLY	11 COMPLETE LUNCH MILK ONLY	12 COMPLETE LUNCH MILK ONLY	13 COMPLETE LUNCH MILK ONLY	_____ _____
16 COMPLETE LUNCH MILK ONLY	17 COMPLETE LUNCH MILK ONLY	18 COMPLETE LUNCH MILK ONLY	19 COMPLETE LUNCH MILK ONLY	20 COMPLETE LUNCH MILK ONLY	_____ _____
23 COMPLETE LUNCH MILK ONLY	24 COMPLETE LUNCH MILK ONLY	25 COMPLETE LUNCH MILK ONLY	26 COMPLETE LUNCH MILK ONLY	27 COMPLETE LUNCH MILK ONLY	_____ _____
30 COMPLETE LUNCH MILK ONLY	31 NO HOT LUNCH	EXACT CHANGE ONLY, PLEASE!			_____ _____

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

~~~~FOR OFFICE USE ONLY~~~~

AMT PAID: \$ \_\_\_\_\_ CASH CK# \_\_\_\_\_

DATE: \_\_\_\_\_ INITIAL: \_\_\_\_\_

Make checks payable to: **BLOOMFIELD HILLS SCHOOLS!**