

# September 2017 LUNCH FORM (\$3.15 Complete Lunch -.60¢ Milk Only)



**ORDERS DUE: Friday, September 8<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.



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

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	TOTALS
4 <b>NO SCHOOL</b>	5 <b>NO HOT LUNCH</b>	6 <b>NO HOT LUNCH</b>	7 <b>NO HOT LUNCH</b>	8 <b>NO HOT LUNCH</b>	X
11 COMPLETE LUNCH MILK ONLY	12 COMPLETE LUNCH MILK ONLY	13 COMPLETE LUNCH MILK ONLY	14 COMPLETE LUNCH MILK ONLY	15 COMPLETE LUNCH MILK ONLY	_____ _____
18 COMPLETE LUNCH MILK ONLY	19 COMPLETE LUNCH MILK ONLY	20 COMPLETE LUNCH MILK ONLY	21 <b>NO SCHOOL</b>	22 COMPLETE LUNCH MILK ONLY	_____ _____
25 COMPLETE LUNCH MILK ONLY	26 COMPLETE LUNCH MILK ONLY	27 COMPLETE LUNCH MILK ONLY	28 COMPLETE LUNCH MILK ONLY	29 COMPLETE LUNCH MILK ONLY	_____ _____

TOTAL COMPLETE LUNCH \_\_\_\_\_ X \$3.15 = \$ \_\_\_\_\_

TOTAL MILK ONLY \_\_\_\_\_ X .60¢ = \$ \_\_\_\_\_

**GRAND TOTAL** = \$ \_\_\_\_\_

-----OFFICE USE ONLY-----

AMOUNT PAID: \$ \_\_\_\_\_

CASH    CHECK # \_\_\_\_\_

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

**EXACT CHANGE ONLY, PLEASE!** Make checks payable to: **BLOOMFIELD HILLS SCHOOLS!**