

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

ORDERS DUE: Thursday, January 26th 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
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 COMPLETE LUNCH MILK ONLY	_____ _____
27 COMPLETE LUNCH MILK ONLY	28 COMPLETE LUNCH MILK ONLY	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!**