

SEPTEMBER Lunch Order


Student's Name _____ Grade _____

**LUNCH ORDERS MUST BE TURNED IN ON TIME
NO EXCEPTIONS
OUR ORDER TO THE VENDOR MUST BE SENT IN
ON TIME**

REMINDERS:

- Return with payment by **Thursday, September 1, 2016**
- Please keep the menu for your records
- Milk is included with the purchase of a hot lunch meal
- Extra slices of pizza are \$1.25 each for **every** student

BE SURE TO CHECK EACH DAY YOU ARE ORDERING

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
		7	8	9
		___ Pizza w/milk ___ Milk only ___ Extra slice(s)	___ Lunch w/milk ___ Milk only	___ Lunch w/milk ___ Milk only
12	13	14	15	16
___ Lunch w/milk ___ Milk only	___ Lunch w/milk ___ Milk only	___ Pizza w/milk ___ Milk only ___ Extra slice(s)	___ Lunch w/milk ___ Milk only	___ Lunch w/milk ___ Milk only
19	20	21	22	23
___ Lunch w/milk ___ Milk only	___ Lunch w/milk ___ Milk only	___ Pizza w/milk ___ Milk only ___ Extra slice(s)	___ Lunch w/milk ___ Milk only	___ Lunch w/milk ___ Milk only
26	27	28	29	30
___ Lunch w/milk ___ Milk only	___ Lunch w/milk ___ Milk only	___ Pizza w/milk ___ Milk only ___ Extra slice(s)	___ Lunch w/milk ___ Milk only	___ Lunch w/milk ___ Milk only

PAYMENT

_____ Lunches w/milk x \$3.10 = _____
 _____ Extra slices x \$1.25 = _____
 _____ Milk only x \$.60 = _____

TOTAL = _____

MILK (Circle One)

1% White or Fat Free Chocolate Milk

White Chocolate

_____ Payment is included with older sibling's order.

Sibling's Name _____ Grade _____

**ALL CREDIT CARD INFO IS SHREDDED UPON
PROCESSING**

OFFICE USE ONLY:

Payment Amount \$ _____ Check # _____ Cash _____ Credit Card _____ Received _____ FR RD PD
If paid by credit card a 3 % convenience fee will be added. MasterCard Visa Discover AMEX (circle one)

CC Number _____ Exp. Date _____ Zip Code _____ 3 Digit Security Code _____