

Child's name _____ Teacher's Name _____ Please indicate the days you need lunch and quantity of milk needed.			
MAY		Meals	Drinks
		\$3.50	\$0.50
MAY	2		
MAY	3		
MAY	4		
MAY	5		
MAY	6		
MAY	9		
MAY	10		
MAY	11		
MAY	12		
MAY	13		
MAY	16		
MAY	17		
MAY	18		
MAY	19		
MAY	20		
MAY	23		
MAY	24		
MAY	25		
MAY	26		
MAY	27		
MAY	30	MEMORIAL	DAY
MAY	31		
		Total #	
Total Enclosed: \$			

Child's name _____ Teacher's Name _____ Please indicate the days you need lunch and quantity of milk needed.			
MAY		Meals	Drinks
		\$3.50	\$0.50
MAY	2		
MAY	3		
MAY	4		
MAY	5		
MAY	6		
MAY	9		
MAY	10		
MAY	11		
MAY	12		
MAY	13		
MAY	16		
MAY	17		
MAY	18		
MAY	19		
MAY	20		
MAY	23		
MAY	24		
MAY	25		
MAY	26		
MAY	27		
MAY	30	MEMORIAL	DAY
MAY	31		
		Total #	
Total Enclosed: \$			

Child's name _____ Teacher's Name _____ Please indicate the days you need lunch and quantity of milk needed.			
MAY		Meals	Drinks
		\$3.50	\$0.50
MAY	2		
MAY	3		
MAY	4		
MAY	5		
MAY	6		
MAY	9		
MAY	10		
MAY	11		
MAY	12		
MAY	13		
MAY	16		
MAY	17		
MAY	18		
MAY	19		
MAY	20		
MAY	23		
MAY	24		
MAY	25		
MAY	26		
MAY	27		
MAY	30	MEMORIAL	DAY
MAY	31		
		Total #	
Total Enclosed: \$			