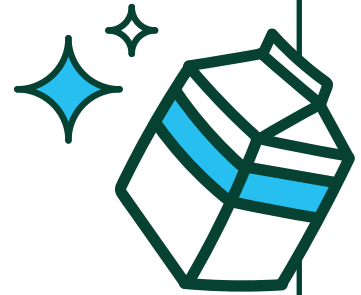


# MONTHLY MILK ORDER FORM



STUDENT NAME: \_\_\_\_\_

TEACHER: \_\_\_\_\_

MONTH: \_\_\_\_\_

YEAR: \_\_\_\_\_

## INSTRUCTIONS:

Please place a "W" in the box for each day you wish your child to receive white milk. Please place a "C" in the box for each day you wish your child to receive chocolate milk.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

WHITE MILK TOTAL: \_\_\_\_\_ x \$ \_\_\_\_\_ PER MILK = \_\_\_\_\_

CHOCOLATE MILK TOTAL: \_\_\_\_\_ x \$ \_\_\_\_\_ PER MILK = \_\_\_\_\_

**TOTAL COST OF MILK:** \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

**NOTE:** Please return this form & payment to the school by: \_\_\_\_\_

(DATE)

