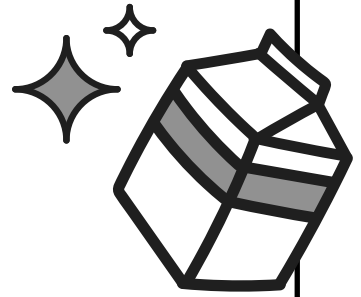


MONTHLY MILK ORDER FORM



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)

**RECYCLE
RIGHT
WITH MILK**