

Prepayment Order Form



Elementary
School
Milk Program

Parent Name: _____ 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.

Week	Student Name	Teacher	Monday	Tuesday	Wednesday	Thursday	Friday
Week One							
Week Two							
Week Three							
Week Four							
Week Five							

White milk total: _____ x _____ ¢ per milk = _____ Total milk ordered: _____

Chocolate milk total: _____ x _____ ¢ per milk = _____ Total cost of milk: _____

Parent/Guardian Signature: _____

NOTE: Please return
this form to the school by: _____

(Date)

