



Prepayment Order Form

Student Name: _____





Teacher: _____

Grade: _____

Parent / Guardian Signature: _____

Instructions:

If you wish to pre-order, please complete the following calendar for the month of November. Indicate white milk with a w, chocolate milk with a c, and specify the quantity on the appropriate days. While we will still accept daily orders for milk and hot dogs, we encourage you to consider this option, as it will help facilitate our ordering and availability.

Monday	Tuesday	Wednesday	Thursday	Friday
1	2	3  Qty.: _____	4	5  Qty.: _____
8	9	10  Qty.: _____	11	12  Qty.: _____
15 Professional Activity Day	16	17  Qty.: _____	18	19  Qty.: _____
22	23	24  Qty.: _____	25	26  Qty.: _____
29	30			

Total # of *white* milk _____ x \$ 1.00 = _____

Total # of *chocolate* milk _____ x \$ 1.00 = _____

Total # of *hot dogs* _____ x \$ 1.00 = _____

Total # of *pizza* _____ x \$ 2.00 = _____

Snack Program Remittance _____ = _____

Overall Total = _____

Note: Please return this form to the school by 9:00 a.m. on Wednesday, Oct. 27th.