



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 October. 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 Qty.: _____
4	5	6 Qty.: _____	7	8 Qty.: _____
11 Thanksgiving Holiday	12	13 Qty.: _____	14	15 Qty.: _____
18	19	20 Qty.: _____	21	22 Qty.: _____
25	26	27 Qty.: _____	28	29 Qty.: _____

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 _____ = _____

Agenda (Unless already remitted; Thank you!) \$ 5.00 = _____

Overall Total = _____

Note: Please return this form to the school by 9:00 a.m. on Tuesday, Sept. 28th.