

Saint Barbara School
Feb. 2010

Name: _____ Last, _____ First _____
 Phone: _____ Grade: _____

Milk Preference: White Chocolate
 (Circle One) *If a milk choice is not chosen, white will be ordered.*

Date:	Choice: (Please Circle)	Last	First
2/1	A	B	M
2/2	A	B	M
2/3	A	B	M
2/5	A	B	M
2/8	A	B	M
2/9	A	B	M
2/10	A	B	M
2/11	A	B	M
2/12	A	B	M
2/16	A	B	M
2/17	A	B	M
2/18	A	B	M
2/19	A	B	M
2/23	A	B	M
2/24	A	B	M
2/25	A	B	M
2/26	Buona Beef		

Full Price Lunch	\$2.45* per day X _____ days = \$ _____
Reduced Price	\$0.40 per day X _____ days = \$ _____
Free Lunch	_____ days
Milk Only	\$0.35 per day X _____ days = \$ _____
Subtotal:	\$ _____
Credits	\$ _____
Total Amount Due(no change will be given)	\$ _____
Check Number:	_____

Check if you want a receipt

ORDERS DUE BY January 22nd at 8:30 am

Please call Jenny Gamboa 7086884867
 Special Notes:

*Milk is included in the price

FSP CAN SUBSTITUTE LUNCH W/O NOTICE AS STATED ON THE MENU

***NO LATE ORDERS WILL BE ACCEPTED!!!!!!

2/4 FSA LUNCH