

The Botelle School Lunch Ticket

Please fill out information below and check off days you wish to purchase either hot lunch or milk.

Student Name: _____ Grade: _____
Teacher: _____ Week of: _____

	Mon	Tues	Wed	Thurs	Fri	Total #	@	Total \$
Lunch							3.00	
Milk							.50	
Total Payment Enclosed =								

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