

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							2.25	
Milk							.50	
Total Payment Enclosed =								

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							2.25	
Milk							.50	
Total Payment Enclosed =								

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							2.25	
Milk							.50	
Total Payment Enclosed =								

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							2.25	
Milk							.50	
Total Payment Enclosed =								

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							2.25	
Milk							.50	
Total Payment Enclosed =								

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							2.25	
Milk							.50	
Total Payment Enclosed =								

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							2.25	
Milk							.50	
Total Payment Enclosed =								

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							2.25	
Milk							.50	
Total Payment Enclosed =								