

PRE-PAID MEAL ACCOUNT PAYMENT

Please Print Clearly

School _____

Date: ____/____/____

Student Name: _____ Student #: _____ Teacher: _____ Amount: _____

Student Name: _____ Student #: _____ Teacher: _____ Amount: _____

Student Name: _____ Student #: _____ Teacher: _____ Amount: _____

Student Name: _____ Student #: _____ Teacher: _____ Amount: _____

Please write additional students on back if necessary

Please make checks payable to **Nutrition Services** and **WRITE STUDENT'S # ON CHECK.**
Seal Envelope and return to Cafeteria Manager at School Site