✂ Cut along the dashed lines. Place one slip in each payment envelope.

Lunch Payment Slip

Please return this slip with your lunch payment.

Date:_____

Student Name _____
First & Last

Grade / Section _____

☐ Cash ☐ Check # _____

Amount Paid $_____

Any balance remaining from this payment will be applied to your student's lunch account.

Lunch Payment Slip

Please return this slip with your lunch payment.

Date:_____

Student Name _____
First & Last

Grade / Section _____

☐ Cash ☐ Check # _____

Amount Paid $_____

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