

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 make checks payable to **(name of your school)** and **WRITE STUDENT'S I.D. NUMBER ON THE CHECK.**

Seal Envelope and return to Cafeteria Manager at School Site

One School Per Envelope