

ATTENDANCE/MEAL PAYMENTS _____, **20** __/20 __

GRADE ____

[Teacher Name]

Teacher: Lunch/with or without milk (circle what applies) PMNT\$ _____

Para educator: Lunch/with or without milk (circle what applies) PMNT\$ _____

NAME	ABSENT (A)	HOT OR COLD	PAYMENT
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[Student Name]

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TOTAL STUDENTS: _____

TOTAL HOT LUNCHES: _____

TOTAL PAYMENTS: _____