

# ABHS – WEEKLY CANTEEN ORDER FORM

**Student Name:** \_\_\_\_\_ **Roll Class:** \_\_\_\_\_

Parent Name & mobile number: \_\_\_\_\_

Date: \_\_\_\_\_ Week: \_\_\_\_\_

		Cost:
<b>Monday</b>	Recess	_____
	Lunch	_____
<b>Tuesday</b>	Recess	_____
	Lunch	_____
<b>Wednesday</b>	Recess	_____
	Lunch	_____
<b>Thursday</b>	Recess	_____
	Lunch	_____
<b>Friday</b>	Recess	_____
	Lunch	_____

**TOTAL:** \_\_\_\_\_

## PAYMENT SLIP

CASH

POP PAYMENT - Receipt No:

Total Payment:    \$