OCILE PROGRAM BILLING RECORD
Food Services Department

Please Check The Appropriate Program: _____ Balboa Park Program

_____ Old Town Program

School: _____

Record the exact number of lunches ordered each day. **Assign students to the lunch categories for which they qualify during the school year.** Lunch for all students is provided by the OCILE Programs.

DAY	FREE	REDUCED PRICE	FULL PRICE (PICNIC)	COMMENTS
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
TOTAL				

Signed: _____ Date: _____
Principal or Designee

On the last day of participation, return this form to Food Services Accounting Office, Education Center, Room 3133, fax (619) 725-7748.

Form No. 56