

INSTRUCTIONS: Return completed CYCLE CHANGE REQUEST form 240-53 monthly with MCPS form 240-54 MONTHLY INVOICE

Provider Name: \_\_\_\_\_ Vendor # \_\_\_\_\_ Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
<b>BREAKFAST</b>	Fluid Milk	MILK	MILK	MILK	MILK	MILK		
	Fruit, Vegetable or 100% Juice	BANANA	RAISINS	BERRIES	POTATO	100% OJ		
	Grain * Indicate Whole Grain with WG	WG CHEX *	WG OATMEAL	WAFFLE	.....	WG BAGEL		
	Meat /Meat Alternate **				EGGS			
<b>AM SNACK</b>	<b>Choose two of these four</b>			FRESH VEGETABLE STICKS		MIXED DRY FRUIT		
	Milk	YOGURT *	BAGEL		APPLE			
	Fruit or Vegetable							
	Meat/Meat Alternate	GRAHAM CRACKERS	AMERICAN CHEESE	WG CRACKERS	PEANUT BUTTER	ASSOTED NUTS		
<b>LUNCH</b>	Fluid Milk	MILK	MILK	MILK	MILK	MILK		
	Meat/Meat Alternate	GR BEEF	BLK BEANS	YOGURT *	CHICKEN	CHEESE		
	Vegetable	PEPPERS	CELERY STIK	CARROTS	BROCCOLI	ASPARAGUS		
	Fruit or Vegetable	PLUM	PAPAYAS	CANTELOPE	PEACHES	TANGERINE		
	Grain * Indicate Whole Grain with WG	NOODLES	WG BR RICE	WG PITA	RICE	CRUST		
<b>PM SNACK</b>	<b>Choose two of these four</b>		COTTAGE CHEESE					
	Milk	MUFFIN		WG TOAST	WG PRETZELS	CAULIFLOWER		
	Fruit or Vegetable							
	Meat/Meat Alternate							
<b>SUPPER</b>	Fluid Milk							
	Meat/Meat Alternate							
	Vegetable							
	Grain * Indicate Whole Grain with WG	MILK	PINEAPPLE	TOMATO	PRUNES	WG CRACKERS		