

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
BREAKFAST	Fluid Milk	MILK	MILK	MILK	MILK	MILK		
	Fruit, Vegetable or 100% Juice	PEPS & POTATO	RAISINS	BANANA	BLUBERRIES	ORANGES		
	Grain * Indicate Whole Grain with WG	WG TORTILLA	WG OATMEAL	WG TOAST	WAFFLE	WG BRAN MUF		
	Meat /Meat Alternate **	SCR EGGS		CHEESE		YOGURT		
AM SNACK	Choose two of these four				BUTTERNUT SQUASH	MIX RAW VEGETABLES		
	Milk	GRAPES	ZUCHINNI	DATES & FIGS				
	Fruit or Vegetable							
	Meat/Meat Alternate							
Grain * Indicate Whole Grain with WG	CHEESE CUBES	WG CRACKERS	MILK	WG BROWN RICE	YOGURT *			
LUNCH	Fluid Milk	MILK	MILK	MILK	MILK	MILK		
	Meat/Meat Alternate	GR TURKEY	SPLIT PEAS	PARM CHEESE	CHICKEN	FISH		
	Vegetable	ASPARAGUS	PUMPKIN	EGGPLANT	MIX GREENS	JICAMA		
	Fruit or Vegetable	POTATO	APPLE SLICES	TOMATO	PEACHES	BERRIES		
	Grain * Indicate Whole Grain with WG	ROLL	WG CRACKERS	WG PASTA	STUFFING	CORN MUFFIN		
PM SNACK	Choose two of these four							
	Milk	BEAN SALAD MEDLEY	POMEGRANATE	MIXED RAW VEGETABLES	STAR FRUIT	CUCUMBER SLICES		
	Fruit or Vegetable							
	Meat/Meat Alternate							
Grain * Indicate Whole Grain with WG	WG GOLD FISH	MILK	HUMMUS	WG CRACKERS	WG HARD PRETSEL			
SUPPER	Fluid Milk							
	Meat/Meat Alternate							
	Vegetable							
	Fruit or Vegetable							
	Grain * Indicate Whole Grain with WG							