

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	BERRIES	BANANA	POTATO & PEPS	APPLE	GRAPEFRUIT		
	Grain * Indicate Whole Grain with WG	MG CHEERIOS*	WG BAGEL	BISCUIT	FR TOAST	GRITS		
	Meat /Meat Alternate **			CHEESE		TURKEY SAUSAGE		
AM SNACK	Choose two of these four							
	Milk	ORANGE WEDGES	BEANS	BAKES APPLES	CHICK PEAS	DICED TOMATO		
	Fruit or Vegetable							
	Meat/Meat Alternate					WG BAKED TORTILLA CHIP		
	Grain * Indicate Whole Grain with WG	WG GOLD FISH	WG BROWN RICE	CRESANT ROLL	WG RICE CAKE			
LUNCH	Fluid Milk	MILK	MILK	MILK	MILK	MILK		
	Meat/Meat Alternate	BEEF-STEAK	FISH	TURKEY	RED BEANS	YOGURT *		
	Vegetable	BAKE POTATO	GREAN BEANS	SW POTATO	PEPPERS	TOSS SALAD		
	Fruit or Vegetable	BROCCOLI	BERRIES	CORN	PINEAPPLE	PEACHES		
	Grain * Indicate Whole Grain with WG	WG ROLL	CORN MUFFIN	WG BREAD	WG WILD RICE	WG CRACKERS		
PM SNACK	Choose two of these four							
	Milk	BAKED KALE CHIPS HM	PEARS	RAISINS	STRING CHEESE	BANANA		
	Fruit or Vegetable				SKIM MILK W / BERRIES (SMOOTHIE HM)			
	Grain * Indicate Whole Grain with WG	WG CHEESE ITS	COTTAGE CHEESE	WG CHEERIOS		WG CHEX MIX *		
SUPPER	Fluid Milk							
	Meat/Meat Alternate							
	Vegetable							
	Fruit or Vegetable							
	Grain * Indicate Whole Grain with WG							