

Name:

Class:



I am allergic to

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1 \_\_\_\_\_ 4 \_\_\_\_\_

2 \_\_\_\_\_ 5 \_\_\_\_\_

3 \_\_\_\_\_ 6 \_\_\_\_\_

Total Amount: \$ \_\_\_\_\_

Paid by: Cash / Online Canteen

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3 \_\_\_\_\_ 6 \_\_\_\_\_

Total Amount: \$ \_\_\_\_\_

Paid by: Cash / Online Canteen

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1 \_\_\_\_\_ 4 \_\_\_\_\_

2 \_\_\_\_\_ 5 \_\_\_\_\_

3 \_\_\_\_\_ 6 \_\_\_\_\_

Total Amount: \$ \_\_\_\_\_

Paid by: Cash / Online Canteen