

SAMPLE FOOD SERVICE INVOICE FOR FOOD ORDER

(Please see directions for completing invoice on next page)

INVOICE		No. 61970	
LOS ANGELES UNIFIED SCHOOL DISTRICT Food Services Branch-Cafeteria Account		Location Code 1234	
Name of School or Location <u>West Athens Plaza School</u>		Date <u>June 2, 2009</u>	
Invoice prepared by <u>Ms. Cafeteria Manager</u>			
Services Furnished to (Organization) <u>Network for a Healthy California—LAUSD</u>		Name of Customer <u>Ms. Lead Teacher</u>	
Type of Event <u>Network Tasting and Sampling</u>		Date of Event <u>June 3, 2009</u>	
Quantity	Description of Food, Supplies and/or Labor Furnished	Unit Price ("Taxable)	Amount Due
1 case	Apples (whole Case)	2.95	2.95
140 ea.	Loaves (140 per case)	.11	15.40
2 pale	Cantaloupe chunks 4 gal poly/20 lbs	32.48	64.96
3 trays	Strawberries 8 lb tray	14.83	44.49
5 bags	Ice cream Stick 5 lb bag	12.59	62.95
INTERFUND PAYMENT		DEFERRED PAYMENT	Sub-Total
Prog. Name _____ Fund & Approp. _____ Approved by _____ Date _____		Received above goods and services. I acknowledge responsibility for payment of this invoice within 10 working days. <u>Ms. Lead Teacher</u> <u>6/8/2009</u> Signature Date	Sales Tax on items identified as taxable above (unless included in price) 190.75 TOTAL
		190.75	190.75

F.S. Branch Form #F-38.32 (REV. 1/97)

SAMPLE FOOD SERVICE INVOICE FOR PAPER/SUPPLIES ORDER

(Please see directions for completing invoice on next page)

INVOICE		No. 61970	
LOS ANGELES UNIFIED SCHOOL DISTRICT Food Services Branch-Cafeteria Account		Location Code 1234	
Name of School or Location <u>West Athens Plaza School</u>		Date <u>June 2, 2009</u>	
Invoice prepared by <u>Ms. Cafeteria Manager</u>			
Services Furnished to (Organization) <u>Network for a Healthy California—LAUSD</u>		Name of Customer <u>Ms. Lead Teacher</u>	
Type of Event <u>Network Tasting and Sampling</u>		Date of Event <u>June 3, 2009</u>	
Quantity	Description of Food, Supplies and/or Labor Furnished	Unit Price ("Taxable)	Amount Due
1 ea.	Ball 6 ea.	25.52	25.52
2 ea.	Spoons, metal	10.84	21.68
2 ea.	Bags, recyclable storage 10 x 12	15.29	30.58
INTERFUND PAYMENT		DEFERRED PAYMENT	Sub-Total
Prog. Name _____ Fund & Approp. _____ Approved by _____ Date _____		Received above goods and services. I acknowledge responsibility for payment of this invoice within 10 working days. <u>Ms. Lead Teacher</u> <u>6/8/2009</u> Signature Date	Sales Tax on items identified as taxable above (unless included in price) 77.78 TOTAL
		77.78	85.36

F.S. Branch Form #F-38.32 (REV. 1/97)