

<b>DAILY MEAL ORDER/INVOICE MOBILE FOOD SERVICES</b>		1. Contract Number		2. Invoice Date / /		3. Mobile Food Service Unit ID No.		4. Invoice No.	
		5. Incident Name		6. Job Code		7. Resource Order No. / Request No.		8. Benefiting Unit, Region / Agency	
9. Paying Unit <b>Attn: Incident Business - Contracts Albuquerque Service Center 101B Sun Avenue NE Albuquerque, NM 87109</b>		10. Contractor Name and Address							
11. Meal Period	Time to be Served	12. Meals Ordered and Time Ordered	13. Meals Served and Actual Time Meals Served	14. Number of Meals for Payment Purpose 90 % or Number Actually Served Whichever is Greater		15. Price Per Meal		16. Totals	
Breakfast				Breakfast		\$		\$	
Cold Can Breakfast				Cold Can Breakfast		\$		\$	
Sack Lunch				Sack Lunch		\$		\$	
Dinner				Dinner		\$		\$	
<b>17. SUB-TOTAL FOR MEALS</b>								\$	
<b>18. MINIMUM GUARANTEE (See Section G 2.2.5)</b>								\$ 12,000.00	

19. Unit ID Numbers		20. Location for Mileage (List Actual City Name)		21. Mileage		22. Mileage, Relocation, & Hand Wash Fees		23. Totals	
Kitchen Unit (MFSU)		From:		No. of Miles	Price per Mile	Unit No.	Price/Fee	Mileage	\$
Hand Wash Station		To:			\$		\$	Relocation Fee	\$
							\$	Hand Wash Usage Fee	\$
<b>24. SUPPLEMENTAL ITEMS (total from 1276-B)</b>								\$	
<b>25. MISCELLANEOUS CHARGES AND CREDITS (total from 1276-B)</b>								\$	
<b>26. SUB-TOTAL FOR MILEAGE, RELOCATION FEE, HANDWASH SINKS, SUPPLEMENTAL ITEMS, MISCELLANEOUS CHARGES AND CREDITS</b>								\$	
Compare amounts for Items 17 and 18. Excluding first and last day of the assignment add the larger of these two amounts to the Sub-Total in Item 26 and enter the result in Item 27. Total Invoice Amount.									
<b>27. TOTAL INVOICE AMOUNT</b>								\$	

<b>28. REMARKS</b>	
29. I certify that the above mentioned services have been received (Government Representative)	30. I certify that this bill is correct and payment has not been received (Contractor Representative)
Name (print and sign), Title, Work Address & Phone No.	Name (print and sign), Title & Phone No.

1276-A (01/2010)

**ORIGINAL-PAYING UNIT; GOLD COPY-CONTRACTOR; PINK COPY-FDUL; BLUE COPY-PAYING UNIT THROUGH COR/FDUL; GREEN COPY-USING AGENCY**

## DAILY MEAL ORDER/INVOICE – MOBILE FOOD SERVICES (CONTINUATION SHEET)

31. SUPPLEMENTAL ITEMS								
Date Ordered	Food Unit Leader			Contractor		Invoice No.		
Item	Unit	Units Ordered	Units Received	Date Received & Initials	Unit Price	Extended Price		
<b>Beverages</b>								
Bottled Sports Type Drink, i.e. Gatorade®, etc.	ounce					\$	\$	
Brewed Coffee (outside of incident dining area)	gallon					\$	\$	
Hot Chocolate (outside of incident dining area)	gallon					\$	\$	
Tea, Iced or Hot (outside of incident dining area)	gallon					\$	\$	
Bottled Water (commercially available)	ounce					\$	\$	
Ice	pound					\$	\$	
Ground Coffee	pound					\$	\$	
<b>Other Food Items</b>								
Sandwiches - Meat	each					\$	\$	
Sandwich - Non-Meat	each					\$	\$	
Soup	gallon							
<b>Refrigeration Storage Space and Additional Tents and Seating</b>								
Additional Refrigeration Storage Space	Rate/ Cu Ft. (Ft <sup>3</sup> )					\$	\$	
Additional Tents & Seating	Rate/ 60 Persons					\$	\$	
<b>TOTAL:</b>							\$	\$

32. MISCELLANEOUS CHARGES AND CREDITS		
<u>Item</u>	<u>Description</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
<b>TOTAL:</b>		\$ _____

**33. REMARKS**

**34.** I certify that the above charges and/or credits are correct.

Government Representative Sign and Date	Contractor Representative Sign and date
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