

DAILY MEAL ORDER/INVOICE MOBILE FOOD SERVICES	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 Attn: Incident Business-Contracts Albuquerque Service Center 101B Sun Avenue NE Albuquerque, NM 87109			10. Contractor Name and Address					
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11. Meals Ordered	12. Serve/ C/I/D Times*	13. Menu and Menu Approvals Major Items & Signatures		11. Meals Ordered	12. Serve/ C/I/D Times*	13. Menu and Menu Approvals Major Items & Signatures	
Breakfast				Sack Lunch			
		Government Representative	Contractor Representative			Government Representative	Contractor Representative
Cold Can Breakfast				Dinner			
		Government Representative	Contractor Representative			Government Representative	Contractor Representative

	14. Actual Number of Meals Served / Time	15. Number and Price of meals For Payment Purpose		16. Totals
		Meal and Prices	Price Per Meal	
Breakfast		Breakfast @ Price	\$	\$
Cold Can Br		Cold Can Breakfast @ Price	\$	\$
Sack Lunch		Sack Lunch @ Price	\$	\$
Dinner		Dinner @ Price	\$	\$
Subtotal:				\$

17. Unit Description and Number	18. Location	19. Mileage		20. Usage/Relocation Fee		Service	21. Totals
		No.	Price	No.	Price/Fee		
Kitchen Unit	From:		\$			Mileage	\$
	To:				\$ 1,000	Relocation Fee	\$
HandWashing Station					\$	Usage Fee	\$
22. SUPPLEMENTAL FOODS AND BEVERAGES (total from 1276-B)							\$
23. MISCELLANEOUS CHARGES AND CREDITS (total from 1276-B)							\$
24. TOTAL INVOICE AMOUNT							\$

* Serve / Cancel / Increase / Decrease Times

25. REMARKS	
26. I certify that the above mentioned services have been received (Government Representative)	27. I certify that this bill is correct and payment has not been received (Contractor Representative)
Name (print / sign), Title, Work Address & Phone No.	Name (print / sign), Title & Phone No.

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

28. SUPPLEMENTAL FOODS AND BEVERAGES						
Date Ordered	Food Unit Leader			Contractor		Invoice No.
Item	Unit	Units Ordered	Units Received	Date Received & Initials	Unit Price	Extended Price
Fruit Juices (48/case) (5-6 oz. each)	case				\$	\$
Milk (48/case) (8 oz. each)	case				\$	\$
Bottled Sports Type Drink	ounce				\$	\$
Brewed Coffee (outside incident dining area)	gallon				\$	\$
Hot Chocolate (outside incident dining area)	gallon				\$	\$
Tea (iced or hot) (outside incident dining area)	gallon				\$	\$
Bottled Water	ounce				\$	\$
Trail Mix	ounce				\$	\$
Granola Bars	ounce				\$	\$
Salted Peanuts	ounce				\$	\$
Salted Mixed Nuts	ounce				\$	\$
Yogurt	ounce				\$	\$
Fresh Apples (minimum size 100 count)	case				\$	\$
Fresh oranges (minimum size 88 count)	case				\$	\$
Fresh Whole Bananas	pound				\$	\$
Dried Apricots (pre-packaged)	ounce				\$	\$
Dried Prunes (pre-packaged)	ounce				\$	\$
Dried Banana Chips (pre-packaged)	ounce				\$	\$
Soup for 25 persons	gallon				\$	\$
Stew for 25 persons	gallon				\$	\$
Dinner Rolls (wheat and/or white)	each				\$	\$
Ice	pound				\$	\$
Ground Coffee	pound				\$	\$
TOTAL:						\$

29. MISCELLANEOUS CHARGES AND CREDITS		
Item	Description	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
TOTAL:		\$ _____

30. REMARKS

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

Government Representative and Date	Contractor Representative and date
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