State Department of Education Administrative and Financial Services Child Nutrition Programs Montgomery, AL 36130-2101 Form CCFP-M6 Rev.(1/04)

Name of Vendor:

Name of Center:		

(Signature of person receiving goods or services)

INVOICE

Instructions:	Use when vendor does not provide detailed invoice. When purchases are made at local stores,
	list food items and <i>quantities</i> and costs. Break down non-food supplies separately. Attach
	cash register tape.

Food Items			Food Items		
Purchased	Quantity	Cost	Purchased	Quantity	Cost
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$	Total Food Items	\$	
		\$			
		\$	- Non-Food Supp	lies:	
		\$	11011 1 000 8 000		\$
		\$			\$ C
					Φ
		\$			\$
		\$			\$
		\$			\$
		\$	Total Non-Food \$		
		\$	Services: (Describe)	_	_
		\$			\$
		\$			\$
		\$			\$
		\$	Total Services	\$	
Paid by: Cash Ch	eck	Number	Items Donated		
Date Received:			Received By:		