

Name of Center: \_\_\_\_\_

**INVOICE**

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

Name of Vendor: \_\_\_\_\_  
 (Store, company or individual selling goods or services)

<b>Food Items Purchased</b>	<b>Quantity</b>	<b>Cost</b>	<b>Food Items Purchased</b>	<b>Quantity</b>	<b>Cost</b>
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
			<b>Total Food Items</b> \$		
		\$	<b>Non-Food Supplies:</b>		
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			
			<b>Total Non-Food</b> \$		
		\$	<b>Services: (Describe)</b>		
		\$			
		\$			
		\$			
		\$			
			<b>Total Services</b> \$		

See Appendix A for Milk Donation Form

Paid by: Cash \_\_\_\_\_ Check \_\_\_\_\_ Number \_\_\_\_\_ Items Donated \_\_\_\_\_

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_  
 (Signature of person receiving goods or services)