

FOOD AND NUTRITION SERVICES INVOICE

Date	e:	School:	Cost Center:	
Event:				
Date	e of the Event:			
	ered By/ partment			
1.	Items Food Descript	ion	Amount	
2. 3.				
4. 5. 6. 7.				
1. 2.	Non-Food Des	scription	Amount	
2. 3. 4.				
1.	Other Descrip	tion	Amount	
2. 3. 4.				
Grand Total:				
Area Manager Signature-Admin Caterings Only:				
Signature-Received Service:				
Internal Coding:				

Thank You!

Distribution: 1. Customer 2. Cafeteria Manager 3. FNS Office-Early Childhood Program 4. Bookkeeper-Admin Catering