

SECTION D
CONTRACT DOCUMENTS, EXHIBITS, OR ATTACHMENTS

EXHIBIT D.5: DAILY MEAL ORDER/INVOICE – MOBILE FOOD SERVICES

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								
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 Purposes		15. Price Per Meal		16. Totals
Breakfast					Breakfast				\$	\$	
Cold Cntr Breakfast					Cold Cntr Breakfast				\$	\$	
Shift Provisions					Shift Provisions/Sack Lunch				\$	\$	
Dinner					Dinner				\$	\$	
17. SUB-TOTAL FOR MEALS										\$	
18. MINIMUM DAILY GUARANTEE (See Section C.15(a)(2)(v))										\$ 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
				No. of Miles	Price per Mile	Unit No.	Price/Fee		
Kitchen Unit (MFSU)		From:			\$		\$	Mileage	\$
Hand Wash Station		To:					\$	Relocation Fee	\$
							\$	Hand Wash Usage Fee	\$
24. SUPPLEMENTAL ITEMS (total from 1276-B)									\$
25. MISCELLANEOUS CHARGES AND CREDITS (total from 1276-B)									\$
26. SUB-TOTAL FOR MILEAGE, RELOCATION FEE, HAND WASH SINKS, SUPPLEMENTAL ITEMS, MISCELLANEOUS CHARGES AND CREDITS									\$
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.									
27. TOTAL INVOICE AMOUNT									\$

28. REMARKS			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> 29. I certify that the above mentioned services have been received (Government Representative) Name (print and sign), Title, Work Address & Phone No. </td> <td style="width: 50%; vertical-align: top;"> 30. I certify that this bill is correct and payment has not been received (Contractor Representative) Name (print and sign), Title & Phone No. </td> </tr> </table>		29. I certify that the above mentioned services have been received (Government Representative) Name (print and sign), Title, Work Address & Phone No.	30. I certify that this bill is correct and payment has not been received (Contractor Representative) Name (print and sign), Title & Phone No.
29. I certify that the above mentioned services have been received (Government Representative) Name (print and sign), Title, Work Address & Phone No.	30. I certify that this bill is correct and payment has not been received (Contractor Representative) Name (print and sign), Title & Phone No.		

1276-A (03/2014)

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EXHIBIT D.5A: 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	
Beverages							
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					\$	\$
Other Food Items							
Sandwiches – Meat (Min. 25 qty.)	each					\$	\$
Sandwich - Non-Meat (Min. 25 qty.)	each					\$	\$
Soup	gallon					\$	\$
Refrigeration Storage Space and Additional Tents and Seating							
Additional Refrigeration Storage Space	Rate/ Cu Ft. (Ft³)					\$	\$
Additional Tents & Seating	Rate/ 60 Persons					\$	\$
TOTAL:							\$

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

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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