|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 | Timeto be Served | **12.** Meals Ordered and Time Ordered | **13.** Meals Servedand 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** | $ |

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| **28. REMARKS** |
| **29.** I certify that the above mentioned services have been received (Government Representative) | **30.** I certify that this bill is correct and payment has not been received (Contractor Representative) |
| Name (print and sign), Title, Work Address & Phone No. | Name (print and sign), Title & Phone No. |

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**ORIGINAL–PAYING UNIT; 1st Copy–CONTRACTOR; 2nd Copy–FDUL; 3rd Copy–USING AGENCY**

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| **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** |
| Item | Description Amount$ $ $ $ $ |
|  |
|  |
|  |
|  |
| **TOTAL:** $ |

**33. REMARKS**

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

Contractor Representative Sign and date

Government Representative Sign and Date

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**ORIGINAL–PAYING UNIT; 1st Copy–CONTRACTOR; 2nd Copy–FDUL; 3rd COPY–USING AGENCY**