

Smart Eats Catering
 School District of La Crosse - School Nutrition Office
 807 East Avenue South La Crosse, WI 54601
 608-789-7625

Invoice Date	Invoice #
Total Amount Due	Date Paid
\$	

Revenue Code: 50.LOC.259.257950...1
 Invoice Information - Business Office Use Only

1. Complete all sections that apply – Print all information.

**Please make checks payable to La Crosse School Nutrition*

Billing Person:		Event Name/Date:	
Organization Name:		School Location:	
Billing Address: City/State/Zip		Pick-Up Only:	
Phone/Email Address:		Place of Meal:	
Account Code: (Internal Functions Only)		Name of Person Completing Form:	

2. Complete this section if ordering full meal service.

(If estimating guest counts, list the amount projected under *Number*. *Final* counts are required **48 hours** in advance of your function. If ordering ala carte or paper/bulk food items, go to section 3).

Date:	Breakfast	Lunch	Dinner	Snack	<u>Total Number of Meals:</u>

Cost of Single Meal:	Total Meal Cost:

3. Complete this section for ala carte sales and/or bulk paper/food items.

Quantity	List Items	Unit Cost	Total Cost

Total Ala Carte Cost:

Payor Signature: _____ Date: _____

For Business Office Use Only

Facility Use:	Date of Use:
Employees:	Total Hours: Total Labor Cost: \$
Date Paid:	(circle one): Cash Check Check #:

