

SUMMER FOOD SERVICE PROGRAM SAMPLE INVOICE FOR SERVICES RENDERED

{INSERT CONTRACTOR'S NAME/CONTRACTOR'S COMPANY LETTERHEAD HERE}

INVOICE NUMBER: (Indicate invoice number, subsequent invoice numbers must be in increasing order)

DATE: (Indicate the billing date)

BILL TO: (Indicate the complete Sponsoring Organization's name)

REMIT TO: (Indicate the complete Contractor's name (person) or Company's name and address where payment should be sent)

FOR: (Indicate the nature of SFSP services and date(s) they were rendered)

TERMS: (Indicate any special requirements for sponsor regarding payment- i.e.: "Due upon receipt," etc.)

DESCRIPTION OF SERVICES:

Please be detailed in your efforts to describe and account for the services rendered and costs charged to the Sponsor. Itemized, specific and brief descriptions of the services provided, dates or time frames the services were provided, charges for each service, subtotal (less applicable taxes) and total (inclusive of applicable taxes) charges for these services rendered to the Sponsor by the Contractor are all pertinent pieces of information. The Sponsor and/or State Agency will use the information to validate and determine program costs.

SIGNATURE OF CONTRACTOR REPRESENTATIVE

Signature of Contractor Representative

Date

Costs for contracted services performed must be adequately invoiced to be considered allowable by the State Agency. The elements indicated on this sample invoice are adequate to meet the Sponsor's requirement to maintain adequate documentation of program costs. The elements indicated in this sample invoice are not intended to replace any elements or criteria held by the Sponsor and/or Contractor to be necessary for adequate billing/ payment documentation or correspondence between parties. Changes or modifications to this sample invoice may be made so long as the indicated elements remain as part of the final invoice used between both parties and also for the intent of the SFSP cost supporting documentation.