



Regional Food Bank
OF NORTHEASTERN NEW YORK

Regional Food Bank of NENY
965 Albany - Shaker Rd
Latham NY 12110
Phone: 518-786-3691 Fax: 518-786-3004
Email: www.regionalfoodbank.net

Agency No: **1764B** Phone#: **(518)872-2538** Invoice No: **541417**
 Contact: **Colleen Demuth** **Regional Food Bank of NENY**
BP - BKW Pickup Date: **11/03/2021**
 298 Rock Road Pickup Time: **10:30 am**
 Berne NY 12023 BACK PACK-LATHAM

Special Instructions:

BACKPACK PROGRAM. 33 KIDS. PLEASE ADD BREAD AND FRESH FRUIT TO ORDER.

Sl Via: Pick-up

Product Reference	Description	Storage	Quantity	---Weight---		Shared Maintenance		----- Cost -----		
				Unit	Total	/Lb	Total	Unit	Total	
20086	* NNY MOTT'S APPLESAUCE -FREE!	DR	3	18.00	54	\$0.00	\$0.00	\$0.000	\$0.00	
747	* ORGANIC CUT GREEN BEANS	DR	1	13.00	13	\$0.16	\$2.08	\$0.000	\$0.00	
1056	COOP CHILI WITH BEANS	DR	1	13.00	13	\$0.00	\$0.00	\$18.410	\$18.41	
1129	* COOP MACARONI & CHEESE	DR	2	14.00	28	\$0.00	\$0.00	\$10.100	\$20.20	
4176	GOOD THINS SEA SALT CORN SNACKS	DR	3	3.00	9	\$0.16	\$1.44	\$0.000	\$0.00	
USD911	* USDA PEARS BOSCH FRESH CNT 40 LB -- 111423	RE	1	40.00	40	\$0.00	\$0.00	\$0.000	\$0.00	
1	* BREAD	RE	33	1.00	33	\$0.00	\$0.00	\$0.000	\$0.00	
Invoice Totals:			44		190		\$3.52		\$38.61	

TOTAL CHARGES: \$42.13
 LESS Grant: BP 21-22 21-22 BACKPACK : \$42.13

DO NOT SIGN YOUR INVOICE WITHOUT VERIFYING THAT YOU HAVE RECEIVED YOUR PRODUCT. WE ARE UNABLE TO PROVIDE CREDIT IF YOU HAVE NOT CHECKED YOUR PRODUCT AND SIGNED YOUR INVOICE VERIFYING RECEIPT.

Agency Representative: _____ Amount Owed: **\$0.00**

1	Number of cases on order
2	Weight of each case
3	Weight of total cases (Column 1 x Column 2)
4	Cost of donated food (Column 3 x \$0.16)
5	Cost per case of purchased food
6	Cost of total cases (Column 1 x Column 5)

Please note, the number of items/servings per case is not listed anywhere on the invoice.