



**Edinburg C.I.S.D. Child Nutrition Department
ICE CREAM INVOICE
2016-2017**



NOTE: PURCHASE ORDER IS REQUIRED PRIOR TO PURCHASING ICE CREAM

INVOICE #: _____

DATE NEEDED: _____

DATE: _____

CAMPUS: _____

REQUESTED BY: _____

P.O. or CHECK # _____

QTY.	UNIT PRICE	ITEM DESCRIPTION	EXTENDED PRICE
	\$ 0.75	Chocolate Sundae Bar	
	\$ 0.75	Strawberry Sunday Bar	
	\$ 0.75	LF Ice Cream Sandwich	
	\$ 0.75	Orange Dream Bar	
	\$ 0.75	Fudge Bar	

QTY.	UNIT PRICE	ITEM DESCRIPTION	EXTENDED PRICE

GRAND TOTAL: _____

Principal Signature Date