

LOCAL FOOD PURCHASE ASSISTANCE INVOICE

PRODUCER									
PHONE		EMAIL			WEBSITE				
DISTRIBUTOR DELIVERED TO									
ADDRESS				CITY, STATE, ZIP					
PHONE				EMAIL					
INVOICE FOR		INVOICE #			INVOICE DATE				
ITEM #	DESCR	RIPTION		UNIT	U	NIT PRICE	QUANTITY	TOTAL PRICE	
							TOTAL		

10/27/22