EXHIBIT A

Invoice

Invoice Number: #001

Bill To:

- LEA Name:
- LEA Address:
- City, State, Zip:
- LEA Email:

Invoice Details:

- Invoice Date: [Date]
- Service Period: 1/1/2025 to 1/31/2025

Due Date: [Due Date]

Number of Service Days: 20

Description of Services:

Quantity	Description	Unit Price	Line Total
[Quantity]	[Service/Product Description]	[Unit Price]	[Total]
10,000	Reimbursable meals (Lunch)	3.52	$35,200
8,000	Reimbursable meals (Breakfast)	2.36	$18,880
2,000	Reimbursable snacks	1.20	$2,400
2,132.20	Non-program Food Sales ($10,000/ MEF $4.69= 2,132.20)	3.52	$7,505.34
		Total Due	$63,985.34
	Credit USDA Foods- DoD		($1,000)
	Credit USDA Foods-Direct Delivery		($1,500)
	Credit USDA Foods-Processing		($3,000)
	Total USDA Foods Credit		($5,500)
	USD Total		$58,485,34

Signature of Approval:

Name and Title:

Date: