[FARM NAME/LOGO]

[FARM ADDRESS]

**INVOICE**

For: Manna Food Center

12301 Old Columbia Pike

Silver Spring, MD 20903

Attn: Jenna Umbriac, Director of Programs

Invoice #: (should be unique for each invoice submitted to Farm to Food Bank)

Date of invoice: e.g. 5/22/2021

Due Date: 30 days from invoice date

Subject: Montgomery County Farm to Food Bank Program

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of sale** | **Amount and type of Product(s) Sold** | **Cost/unit** | **Total cost** |
| [ex: 6/7/2021] | [ex: For delivery of 2000 lbs. of locally grown vegetables] | [ex: 2.00/lb vegetable] | [ex: $4000] |
|  |  |  |  |

TOTAL AMOUNT DUE: $