



**SECOND HARVEST FOOD BANK**  
ORANGE COUNTY

Second Harvest Food Bank of Orange County, Inc.  
8014 Marine Way  
Irvine CA 92618  
Phone: (949)653-2900 Fax: (949)653-0700

**Agency Invoice**



Invoice No: **307291**

Agency No: **2223** Phone#: (714)530-7413  
Contact: **Tracy Garcia - Interim Manager**  
**Raise Foundation - Magnolia - Buena Clinton**  
11402 Magnolia st  
Garden Grove CA 92841

Ordered By:  
Order Date: **12/09/2013**  
Clerk: **emma**  
Deliv/PU Date: **12/13/2013**  
Deliv/PU Time:

**Special Instructions:**  
9 pallets cold..Leighton

Ship Via: **FB Mobile Pantry Deliv.**

\* Deliver to 12661 Sunswept Ave, GG, Problems call Emma 415-577-1204

Product Reference	Description	Storage	Quantity	---W e i g h t---		Shared Maintenance		----- C o s t -----	
				Unit	Total	/Lb	Total	Unit	Total
<b>DON</b>									
700027	Produce, Fresh Produce(Frieda's)	REFRIG	671	1.00	671.00	\$0.00	\$0.00	\$0.00	\$0.00
700066	Sorted Snack	DRY	675	1.00	675.00	\$0.14	\$94.50	\$0.00	\$0.00
700517	Foods/Cookies/Chips/Crackers/Candy Snacks, Corazonas, Tortilla Chips, Bean and Cheese	DRY	66	4.00	264.00	\$0.14	\$36.96	\$0.00	\$0.00
D1775	Mixed/Assorted, Big Lots Food (300 or 800 lbs)	DRY	300	1.00	300.00	\$0.14	\$42.00	\$0.00	\$0.00
			<u>1712</u>		<u>1,910.00</u>		<u>\$173.46</u>		<u>\$0.00</u>
<b>FARM/TOFAM</b>									
700021	Farm to Family Apples	REFRIG	995	1.00	995.00	\$0.00	\$0.00	\$0.00	\$0.00
700085	Farm to Family Pears	REFRIG	1,275	1.00	1,275.00	\$0.00	\$0.00	\$0.00	\$0.00
700152	Farm to Family Potatoes	REFRIG	21	50.00	1,050.00	\$0.00	\$0.00	\$0.00	\$0.00
D2811	Farm to Family Cabbage	REFRIG	759	1.00	759.00	\$0.00	\$0.00	\$0.00	\$0.00
			<u>3050</u>		<u>4,079.00</u>		<u>\$0.00</u>		<u>\$0.00</u>
<b>RES_GR</b>									
700011	Grocery Rescue, Bread and Bakery	REFRIG	500	1.00	500.00	\$0.00	\$0.00	\$0.00	\$0.00
			<u>500</u>		<u>500.00</u>		<u>\$0.00</u>		<u>\$0.00</u>
	<b>Invoice Totals:</b>		<u>5262</u>		<u>6,489.00</u>		<u>\$173.46</u>		<u>\$0.00</u>

Mobil Pantry Adjustment : \$76.54  
**TOTAL CHARGES: \$250.00**

**Amount Owed: \$250.00**

Agency Representative: \_\_\_\_\_ Date: \_\_\_\_\_