

DCP - Capital Area Food Bank 4900 Puerto Rico Ave. NE Washington, DC 20017

Tel: (202) 644-9845 /

9858 Email: Fax: (202) 529-1767

Agency No: 9728-02 Phone#: (202)489-3289

Invoice No: 450458

Frederick Gaskins
Bethel Stand for Life Outreach Ministries

Intake Clerk: adbailey-POLO
Order Date: 09/15/2016
Pickup Date: 10/03/2016

4814 St. Barnabas Road Temple Hills MD 20748

Pickup Time: 10:00 am

Ship Via: Pick-Up

Pickup Order:: Location:: DC3 Message to food bank: .

This was submitted on 9/15/2016 3:56 PM by 972802. Contact Name: FREDERICK GASKINS Phone: 202-489-3289 Email:

Frederick.Gaskins@ice.dhs.gov

Product				W e i g h t		W e i g h t Shared Maintenance		ntenance	C o s t	
Reference	Description	Storage	Quantity	Unit	Total	/Lb	Total	Unit	Total	
Donated Products										
706200	Vinegar, Balsamic	Dry	2	9.00	18	\$0.19	\$3.42	\$0.00	\$0.00	
706291	Eggs, 180/case, Food Service Pack	Refrig	8	25.00	200	\$0.00	\$0.00	\$0.00	\$0.00	
NON FOOD	Non Food Items	Dry	40	1.00	40	\$0.19	\$7.60	\$0.00	\$0.00	
			50		258		\$11.02		\$0.00	
F. & V. Fund/S	easonal Purch.									
704996	F&V Watermelons	Refrig	40	1.00	40	\$0.00	\$0.00	\$0.00	\$0.00	
			40	'	40		\$0.00		\$0.00	
Produce - Don	ated SMF									
704710	Carrots, Donated SMF	Refrig	150	1.00	150	\$0.00	\$0.00	\$0.00	\$0.00	
704711	Onions, Donated SMF	Dry	250	1.00	250	\$0.00	\$0.00	\$0.00	\$0.00	
704718	Potatoes, Donated SMF	Dry	100	1.00	100	\$0.00	\$0.00	\$0.00	\$0.00	
704719	Cabbage, Donated SMF	Refrig	200	1.00	200	\$0.00	\$0.00	\$0.00	\$0.00	
			700		700		\$0.00		\$0.00	
Produce - Pur	chased									
702739	Sweet Potatoes	Dry	34	1.00	34	\$0.00	\$0.00	\$0.00	\$0.00	
			34		34		\$0.00		\$0.00	
Invoice Totals:			824		1,032		\$11.02		\$0.00	

TOTAL CHARGES: \$11.02

Amount Owed: \$11.02 Cash & Carry: Payment is due at time of delivery/pickup.

Available Grants as of 10/3/2016

GrantRef GrantName Balance

Monday, October 3, 2016 10:48 am





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181: (202) 644-984 1858

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Product					W e i g h t		Shared Maintenance		C o s t	
Reference	Description	Storage	Quantity	Unit	Total	/Lb	Total	Unit	Total	

Agency Representative:	Date:	_
Co-Signature:		
Invoice Message:		