

Exhibit 4M

ODF Mobile Food Services Incident Resource Agreement



Daily Meal Order and Invoice

Incident Name: _____ Incident No: _____

Resource Order Request No: E-_____ Reporting Location: _____

Resource Provider Name/Agreement No: _____ Invoice No: _____

Resource Provider Address: _____

Meal Period	Time to be Served	Meals Ordered and Time Ordered	Meals Served and Actual Time Meals Served	Number of Meals for Payment Purposes	Price Per Meal	Totals
Breakfast					\$	\$
Cold Cntr Breakfast					\$	\$
Shift Provisions					\$	\$
Dinner					\$	\$
Sub-Total for Meals						\$

Component	From Location (City Name)	No. of Miles	Rate per Mile	Total
Mileage			\$	\$

Component	Optional Items List	Rate	Daily Rate	Total
Relocation Fee		\$		\$
Optional Item			\$	\$
Optional Item			\$	\$
Optional Item			\$	\$
Sub-Total for Relocation Fee and Optional Items				\$

Daily Meal Order and Invoice Continuation Page

Supplemental Items							
Date Ordered	Food Unit Leader			Resource Provider		Invoice No.	
Item	Unit	Units Ordered	Units Received	Date Received	Initials	Unit Cost	Extended Cost
Bottled Sports Drink	oz					\$	\$
Brewed Coffee	gal					\$	\$
Hot Chocolate	gal					\$	\$
Tea, Iced or Hot	gal					\$	\$
Bottled Water	oz					\$	\$
Ice	lb					\$	\$
Ground Coffee	lb					\$	\$
Sandwiches (meat)	ea					\$	\$
Sandwiches (non-meat)	ea					\$	\$
Additional Refrigeration Storage Space	rate/ cu ft					\$	\$
Sub-Total for Supplemental Items							\$

Miscellaneous Charges and Credits		
Item	Description	Amount
Sub-Total for Miscellaneous Charges and Credits		\$

Totals	
Sub-Total for Meals	\$
Sub-Total for Mileage	\$
Sub-Total for Relocation Fee and Optional Items	\$
Sub-Total for Supplemental Items	\$
Sub-Total for Miscellaneous Charges and Credits	\$
Grand Total – Invoice Amount	\$

I certify that the services have been received as documented and I certify that all of the charges listed above are correct as documented.			
Name/Title of Authorized Government Representative		Name/Title of Resource Provider Representative	
Signature:		Signature:	
Date:	Phone:	Date:	Phone: