



# Los Angeles Unified School District

## Food Services Division

### Faculty A La Carte - Sales & Inventory



Service Line: \_\_\_\_\_ Breakfast \_\_\_\_ Nutrition \_\_\_\_ Lunch \_\_\_\_ Dates: \_\_\_\_\_

School Name: \_\_\_\_\_ Location Code: \_\_\_\_\_

|                                                                             | 1       | 2           | 3              | 4                | 5                    | 6          | 7          | 8           |
|-----------------------------------------------------------------------------|---------|-------------|----------------|------------------|----------------------|------------|------------|-------------|
| A La Carte Prepared                                                         | Beg Inv | Items Added | Items Deducted | Adjusted Beg Inv | Ending Inv           | Items Sold | Unit Price | Sales Value |
| <b>Monday</b>                                                               |         |             |                |                  |                      |            |            |             |
|                                                                             |         |             |                |                  |                      |            |            |             |
|                                                                             |         |             |                |                  |                      |            |            |             |
|                                                                             |         |             |                |                  |                      |            |            |             |
|                                                                             |         |             |                |                  |                      |            |            |             |
| To be completed in <b>BLACK</b> ink; corrections to be made in <b>RED</b> . |         |             |                |                  | 9) Total Sales Value |            |            |             |
| Cafeteria Manager's Signature:                                              |         |             |                |                  | 10) Cash Received    |            |            |             |
| Cafeteria Employee's Signature:                                             |         |             |                |                  | 11) Over/Short       |            |            |             |
| <b>Tuesday</b>                                                              |         |             |                |                  |                      |            |            |             |
|                                                                             |         |             |                |                  |                      |            |            |             |
|                                                                             |         |             |                |                  |                      |            |            |             |
|                                                                             |         |             |                |                  |                      |            |            |             |
|                                                                             |         |             |                |                  |                      |            |            |             |
|                                                                             |         |             |                |                  |                      |            |            |             |
| To be completed in <b>BLACK</b> ink; corrections to be made in <b>RED</b> . |         |             |                |                  | 9) Total Sales Value |            |            |             |
| Cafeteria Manager's Signature:                                              |         |             |                |                  | 10) Cash Received    |            |            |             |
| Cafeteria Employee's Signature:                                             |         |             |                |                  | 11) Over/Short       |            |            |             |
| <b>Wednesday</b>                                                            |         |             |                |                  |                      |            |            |             |
|                                                                             |         |             |                |                  |                      |            |            |             |
|                                                                             |         |             |                |                  |                      |            |            |             |
|                                                                             |         |             |                |                  |                      |            |            |             |
|                                                                             |         |             |                |                  |                      |            |            |             |
|                                                                             |         |             |                |                  |                      |            |            |             |
| To be completed in <b>BLACK</b> ink; corrections to be made in <b>RED</b> . |         |             |                |                  | 9) Total Sales Value |            |            |             |
| Cafeteria Manager's Signature:                                              |         |             |                |                  | 10) Cash Received    |            |            |             |
| Cafeteria Employee's Signature:                                             |         |             |                |                  | 11) Over/Short       |            |            |             |

## Faculty A La Carte - Sales & Inventory

Service Line: \_\_\_\_\_ Breakfast \_\_\_\_ Nutrition \_\_\_\_ Lunch \_\_\_\_ Date: \_\_\_\_\_

School Name: \_\_\_\_\_ Location Code: \_\_\_\_\_

|                                                                             | 1       | 2           | 3              | 4                | 5                    | 6          | 7          | 8           |
|-----------------------------------------------------------------------------|---------|-------------|----------------|------------------|----------------------|------------|------------|-------------|
| A La Carte Prepared                                                         | Beg Inv | Items Added | Items Deducted | Adjusted Beg Inv | Ending Inv           | Items Sold | Unit Price | Sales Value |
| <b>Thursday</b>                                                             |         |             |                |                  |                      |            |            |             |
|                                                                             |         |             |                |                  |                      |            |            |             |
|                                                                             |         |             |                |                  |                      |            |            |             |
|                                                                             |         |             |                |                  |                      |            |            |             |
|                                                                             |         |             |                |                  |                      |            |            |             |
| To be completed in <b>BLACK</b> ink; corrections to be made in <b>RED</b> . |         |             |                |                  | 9) Total Sales Value |            |            |             |
| Cafeteria Manager's Signature:                                              |         |             |                |                  | 10) Cash Received    |            |            |             |
| Cafeteria Employee's Signature:                                             |         |             |                |                  | 11) Over/Short       |            |            |             |
| <b>Friday</b>                                                               |         |             |                |                  |                      |            |            |             |
|                                                                             |         |             |                |                  |                      |            |            |             |
|                                                                             |         |             |                |                  |                      |            |            |             |
|                                                                             |         |             |                |                  |                      |            |            |             |
|                                                                             |         |             |                |                  |                      |            |            |             |
|                                                                             |         |             |                |                  |                      |            |            |             |
| To be completed in <b>BLACK</b> ink; corrections to be made in <b>RED</b> . |         |             |                |                  | 9) Total Sales Value |            |            |             |
| Cafeteria Manager's Signature:                                              |         |             |                |                  | 10) Cash Received    |            |            |             |
| Cafeteria Employee's Signature:                                             |         |             |                |                  | 11) Over/Short       |            |            |             |