Darlington County School District
Office of Food Services

Adult Labor Cost Sheet

NAME OF ORGANIZATION _____

DATE _____ TIME _____

GUARANTEE _____ NUMBER SERVED _____

COST PER PLATE $ _____ COST + 15% _____

SALES TAX _____ SALES TAX _____

LABOR_____

TOTAL DUE _____ TOTAL DUE _____

MENU

Employee	In-Out	Hrs. Worked	Pay Rate	Total Pay