



INVOICE

Prisoner Public Works Program

Date:
DOC FACILITY:
CREW ID:

ACCOUNTING INFORMATION REQUIRED:

AGENCY NAME:
BILLING ADDRESS:

CONTACT NAME:
PHONE:
EMAIL:

PLEASE DO NOT LEAVE BLANK

BILLING PERIOD	Work Crew Name	Payment Terms
		Due within 30 days of invoice date

PUBLIC WORKS BILLING CONTRACT COSTS

Example:

Monthly Contracted Cost	
2,160	2,160.00
	-
	-
	-
	-
	-
	-
	-
	-
	-
	-
	-
	-
	-
	-
	-
Total	2,160.00