

FROM: _____		INVOICE	
ADDRESS: _____		County Invoice # _____	
_____		Contractor Invoice# _____	
_____		Snow Event # _____	
EIN or SS #: _____		Today's Date: _____	

TO: DEPARTMENT OF PUBLIC WORKS		
1001 RADIO STATION RD		
LA PLATA, MD 20646		
ATTN: CHARLES COUNTY ROADS DIVISION		OFFICE #: 301-932-3467
		FAX #: 301-932-3564

ROUTE NUMBER: _____	SUPERVISOR'S NAME: _____
DATE WORKED: _____	DRIVER NAME: _____

FULL RATE HOURS			
START:	AM PM	STOP:	AM PM
			TOTAL HRS:
START:	AM PM	STOP:	AM PM
			TOTAL HRS:
TOTAL FULL RATE HRS:		RATE: \$	TOTAL: \$

COUNTY ROADS APPROVAL: _____ **GRAND TOTAL: \$** _____