RETAINER FEE INVOICE
ONLY

Contractor Name: _____

Company Name: _____

Address: _____

_____

EIN or SS: _____
(Use EIN or SSN used on W9)

INVOICE

County Invoice #: _____

Contractor Invoice #: _____

Today's Date: _____

TO: Department of Public Works 1001
Radio Station Road
La Plata, MD 20646

ATTN: Charles County Roads Division
settlej@charlescountymd.gov

Office: 301-932-3467
Fax: 301-932-3564

QTY.	DESCRIPTION OF VEHICLE	$ TOTAL
TOTAL:		**$**

Approved By: _____

GRAND TOTAL: $_____