

[VENDOR NAME]  
[VENDOR ADDRESS]  
[VENDOR CITY, STATE, ZIP]  
[VENDOR PHONE # , FAX # ]

Original

# I N V O I C E

DEPARTMENT OF TRANSPORTATION  
[PM NAME HERE]  
[PM'S address]

Invoice Date: [date]  
Invoice No.: [number]

Contract No.:  
Job No.:

[Work covered from October 1, 2003 through November 30, 2003]

<sup>1</sup>[FULL DESCRIPTION OF CONTRACT JOB THAT THIS INVOICE  
RELATES TO INCLUDING SUPPORTING DOCUMENTATION]

Explain costs and breakdown showing figures of what ever applies.

AMOUNT OF THIS INVOICE: \$XXXX.XX

NOTE: This is the required format for all invoices sent to the Payments  
section in Finance. ALL INVOICES MUST BE ORIGINAL.

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