

DAILY SHOWER ORDER/INVOICE MOBILE SHOWER FACILITIES		1. Paying Unit ALBUQUERQUE SERVICE CENTER INCIDENT BUSINESS, CONTRACTS 101B SUN AVENUE, NE ALBUQUERQUE, NM 87109				2. Contractor Name, Address TIN: SAM UEI:				3. Contract Number		4. Invoice Date		5. Shower ID No.		6. Invoice No.	
										7. Incident Name		8. Job Code		9. Resource Order Request No.			
										10. Benefiting Unit, Region/Agency							
SHOWER FACILITIES UNIT DISPATCHED BY THE GOVERNMENT TO AN INCIDENT																	
11. Unit Description	12. Unit	13. Location		14. Mileage		15. Usage		16. Relocation Fee				17. *Transportation H2O		18. *Intermittent Use		19. Totals	
				Miles	Price	Days	Price	Moves	Fee	Miles	Price	Miles	Price	Time	Price	For	Amount
Shower Facility		From			\$		\$									Mileage	\$
		To															
Water Vehicle Only		From											\$		\$	Reloc Fee	\$
		To															
																Inter Use	\$
OPTIONAL EQUIPMENT DISPATCHED BY GOVERNMENT TO AN INCIDENT																	
Unit Description	Unit	Location		Mileage		Usage		Relocation Fee				Transportation H2O		Intermittent Use		Totals	
				Miles	Price	Days	Price	Moves	Fee	Miles	Price	Miles	Price	Time	Price	For	Amount
		From			\$		\$						\$			Mileage	\$
		To															
		From			\$		\$						\$			Tran. H2O	\$
		To															
*Transporting Water and Intermittent Use Miles, Time and Rates from 1276-D												20. Miscellaneous Charges and Credits (Total From 1276-D)					\$
												21. Total Invoice Amount					\$
22. Remarks									23. I certify that the above mentioned services have been received (Government Representative)								
									Name (print and sign), Title and Phone								
									24. I certify this bill is correct and payment has not been received (Contractor Representative)								
									Name (print and sign), Title and Phone								

DAILY SHOWER ORDER/INVOICE – MOBILE SHOWER FACILITIES (CONTINUATION SHEET)

Date		Government Representative				Contractor			Invoice No.	
Unit ID No. *	25. TRANSPORTING WATER					26. INTERMITTENT USE				
	Name of Location(s)		Odometer Readings		TOTAL MILES	Time (military)		TOTAL TIME		
	From	To	Beginning	Ending		From	To			
									hr	min
								hr	min	
								hr	min	
								hr	min	
								hr	min	
								hr	min	

*You may use a separate continuation sheet for each unit.

TOTAL MILES

Unit _____ Miles

Unit _____ Miles

TOTAL TIME

_____ hr _____ min

Unit _____ Miles

Unit _____ Miles

27. MISCELLANEOUS CHARGES AND CREDITS									
<u>FUEL</u>	diesel	gas	propane	Gallons	_____ @	\$ _____ =	_____	_____	_____
<u>FUEL</u>	diesel	gas	propane	Gallons	_____ @	\$ _____ =	_____	_____	_____
<u>FUEL</u>	diesel	gas	propane	Gallons	_____ @	\$ _____ =	_____	_____	_____
Miscellaneous:				Amount	_____ @	\$ _____ =	_____	_____	_____
_____					_____ @	\$ _____ =	_____	_____	_____
_____					_____ @	\$ _____ =	_____	_____	_____
_____					_____ @	\$ _____ =	_____	_____	_____
TOTAL MISCELLANEOUS CHARGES AND CREDITS							=	_____	

28. I certify the charges and or credits are correct.

_____ Date

_____ Contractor

I certify the charges and or credits are correct.

_____ Date

_____ Government Representative