

SNOW INVOICE

Name: _____

Snow Ticket #: _____

Company: _____

Contractor Invoice #: _____

Address: _____

Snow Event #: _____

Today's Date: _____

EIN or SSN: _____

TO: DEPARTMENT OF PUBLIC WORKS
ATTN: Charles County Roads Division
1001 Radio Station Road
La Plata, Maryland 20646

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



ROUTE NUMBER: _____

SUPERVISORS NAME: _____

VEHICLE NUMBER: _____

DRIVERS NAME: _____

FULL RATE HOURS

Start Date:	Start Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Stop Date:	Stop Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Total Hours:	Total: \$
Start Date:	Start Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Stop Date:	Stop Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Total Hours:	Total: \$
Start Date:	Start Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Stop Date:	Stop Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Total Hours:	Total: \$
Start Date:	Start Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Stop Date:	Stop Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Total Hours:	Total: \$
Rate: \$					Total: \$

COUNTY USE ONLY:

Repairs: ☐ Yes ☐ No Description: _____ Invoice # _____ Total Cost: \$ _____

Towing: ☐ Yes ☐ No Description: _____ Invoice #: _____ Total Cost: \$ _____

Total Deduction Amount: \$ _____

COUNTY ROADS APPROVAL: _____

GRAND TOTAL: \$ _____