

# INVOICE

Invoice Date: August 10, 2016  
 Invoice # [100]

[School Name]  
 [School Address]  
 [City, ST ZIP Code]  
 [Phone]  
 Fax [000-000-0000]  
 [E-mail address]  
 Attn:

TO [NYC Department of Administrative Services]  
 [Financial External Reimbursement]  
 [1 Centre Street, 17<sup>th</sup> Floor]  
 [New York, NY 10007]  
 [Phone]

INVOICE PERIOD	SERVICES	PO NUMBER	TERM
01/01/2017 - 03/31/2017	Security Services at non-public schools	#####	90 days??

DATE OF SERVICE	NUMBER OF SECURITY OFFICERS	HOURS			VENDOR HOURLY RATES REGULAR / OT	TOTAL WEEKLY PAYMENT
		REGULAR	OT	AFTERSCHOOL		
<i>Week ending Saturday</i>	<i>State the number of guards who worked during the week</i>	<i>State the number of hours worked for each guard</i>			<i>State the Regular and Overtime rate of the guards</i>	
Week 1	2 Security officers	11.00	0.00	0.00	\$\$ / \$\$	\$\$\$\$
Week 2	2 Security officers	11.00	0.00	0.00	\$\$ / \$\$	\$\$\$\$
Week 3	2 Security officers	11.00	0.00	0.00	\$\$ / \$\$	\$\$\$\$
	Grand Total	33.00	0.00	0.00		
<b>TOTAL</b>						

All invoices must be submitted with supporting invoices from the security vendor, detailed timesheets and proof of payment issued by the schools to the security vendor.