

INVOICE

Invoice Date: _____

Invoice #: _____

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

TO NYC Department of Administrative Services
 FBM- Nonpublic School Security Reimbursement Program
 1 Centre Street, 17th Floor North
 New York, NY 10007
 212-386-0040

INVOICE PERIOD	SERVICES	CONTRACT NUMBER	TERM
01/01/2017 - 03/31/2017	Security Guard Services		

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		
TOTAL						

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.
THANK YOU!