DRIVER INVOICE # _____

Service Provider Address:
(Please use address in SAP)

Name_____

Street Address_____

City, State, Zip_____

Phone_____

SAP Vendor #_____ _

P.O. Number _____

Services Provided to _____

                              OVR Employee Name

OVR District Office _____

Service Dates from _____ **to** _____
                           (1st date)   (last date)

Description	Units	Unit Price	Total Price
Transport Service/Hours	**(total hours)**	**(your P.O. hourly rate)**	
Travel Expenses: mileage, tolls, parking, meals, and lodging		**$1.00 each**	

Note: Time (total hours) must be calculated in increments of 15 minutes, i.e. 1 hour 15 minutes would be 1.25

                                        Total Due_____

_____   _____
              Vendor Signature   **Date**

_____   _____
          Verified by OVR Employee   **Date**

If applicable, additional documentation such as log sheet and receipts will be attached to this invoice as required.