# 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**_____

_____   _____
         **Driver's 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.