

# INVOICE

[Maintenance Company Name]  
[Street Address]  
[City, State, Zip]

**Invoice #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Project ID:** \_\_\_\_\_

**BILL TO:**

[Department of Transportation / Agency]  
[Billing Address]  
[Contact Person]

**WORK LOCATION / HIGHWAY SECTION:**

[Route/Mile Marker/District]  
[Contract/PO Number]  
[Work Order Ref]

Description of Maintenance Work	Quantity/Units	Unit Price	Total
[e.g., Asphalt Patching - Type B]			
[e.g., Guardrail Repair - Linear Feet]			
[e.g., Debris Removal / Sweeping]			
[e.g., Traffic Control / Signage Setup]			

Subtotal: \$ \_\_\_\_\_  
Tax/Fees: \$ \_\_\_\_\_

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**Balance Due: \$** \_\_\_\_\_

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**Payment Terms:** Net [30] Days. Please make checks payable to [Company Name].  
**Notes:** Work inspected and verified according to project safety specifications.