

LABOR REIMBURSEMENT

Public Works Department

INVOICE # _____

DATE: _____

PAYEE / CONTRACTOR:

PROJECT DETAILS:

Project Name: _____

Work Order #: _____

Location: _____

Date of Work	Employee Name / Classification	Task Description	Hours	Rate (\$)	Total (\$)

Labor Subtotal:\$ _____

Benefits/Burden (%):\$ _____

Equipment/Misc:\$ _____

TOTAL REIMBURSEMENT:\$ _____

I hereby certify that the labor hours and rates listed above are true and accurate for work performed on this project.

Authorized Signature

Date signed