

DAILY SHOWER ORDER/INVOICE MOBILE SHOWER FACILITIES	1. Paying Unit ALBUQUERQUE SERVICE CENTER INCIDENT BUSINESS, CONTRACTS 101B SUN AVENUE, NE ALBUQUERQUE, NM 87109	2. Contractor Name, Address TIN: DUNS:	3. Contractor Number	4. Invoice Date / /	5. Shower ID No.	6. Invoice No.
			7. Incident Name	8. Job Code	9. Resource Order	
			10. Benefiting Unit, Region/Agency			Request No.

SHOWER FACILITIES UNIT DISPATCHED BY THE GOVERNMENT TO AN INCIDENT

11. Unit Description	12. Unit	13. Location		14. Mileage		15. Usage		16. Relocation Fee				17. *Transportation H ₂ O		18. *Intermittent Use		19. Totals			
				Miles	Price	Days	Price	Moves	Fee	Miles	Price	Miles	Price	Time	Price	For	Amount		
Shower Facility		From			\$		\$										Mileage	\$	
		To																Usage	\$
Water Vehicle Only		From											\$		\$			Reloc fee	\$
		To																Tran. H ₂ O	\$
																		Inter Use	\$

OPTIONAL EQUIPMENT DISPATCHED BY GOVERNMENT TO AN INCIDENT

Unit Description	Unit	Location		Mileage		Usage		Relocation Fee				Transportation H ₂ O		Intermittent Use		Totals			
				Miles	Price	Days	Price	Moves	Fee	Miles	Price	Miles	Price	Time	Price	For	Amount		
		From			\$		\$						\$				Mileage	\$	
		To																Usage	\$
		From			\$		\$						\$					Tran. H ₂ O	\$
		To																	\$
												* Transporting Water and Intermittent Use Miles, Time and Rates from 1276-D		20. Miscellaneous Charges and Credits (Total From 1276-D)		\$			
																21. Total Invoice Amount		\$	

22. Remarks	23. I certify that the above mentioned services have been received (Government Representative) <i>Names (print and sign), Title, Work Address and Phone</i>
	24. I certify this bill is correct and payment has not been received (Contractor Representative) <i>Name (print and sign), Title and Phone</i>

DAILY SHOWER ORDER/INVOICE – MOBILE SHOWER FACILITIES (CONTINUATION SHEET)

Date	Government Representative	Contractor	Invoice No.						
Unit ID No. *	25. TRANSPORTING WATER				26. INTERMITTENT USE				
	Name of Locations		Odometer Readings		TOTAL MILES	Time (Military)		TOTAL TIME	
	From	To	Beginning	Ending		From	To		
							hr	min	
							hr	min	
							hr	min	
							hr	min	
							hr	min	
							hr	min	
							hr	min	
							hr	min	

*You may use a separate continuation sheet for each unit

TOTAL MILES Unit _____ Miles Unit _____ Miles TOTAL TIME _____ hr _____ min
 Unit _____ Miles Unit _____ Miles

27. MISCELLANEOUS CHARGES AND CREDITS	
<p><u>FUEL</u> <input type="checkbox"/> diesel <input type="checkbox"/> gas <input type="checkbox"/> propane</p> <p><u>FUEL</u> <input type="checkbox"/> diesel <input type="checkbox"/> gas <input type="checkbox"/> propane</p> <p><u>FUEL</u> <input type="checkbox"/> diesel <input type="checkbox"/> gas <input type="checkbox"/> propane</p> <p><u>Miscellaneous:</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Gallons _____ @ \$ _____ = _____</p> <p>Gallons _____ @ \$ _____ = _____</p> <p>Gallons _____ @ \$ _____ = _____</p> <p>Number _____ @ \$ _____ = _____</p> <p>Number _____ @ \$ _____ = _____</p> <p>Amount _____ @ \$ _____ = _____</p> <p>_____ @ \$ _____ = _____</p> <p>_____ @ \$ _____ = _____</p> <p>_____ @ \$ _____ = _____</p> <p>_____ @ \$ _____ = _____</p>

TOTAL MISCELLANEOUS CHARGES AND CREDITS = _____

<p>28. I certify the charges and/or credits are correct.</p> <p>_____ Date _____ Contractor</p>	<p>I certify the charges and/or credits are correct.</p> <p>_____ Date _____ Government Representative</p>
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