

<b>DAILY SHOWER ORDER/INVOICE MOBILE SHOWER FACILITIES</b>	<b>1. Paying Unit</b>	<b>2. Contractor Name, Address</b>	<b>3. Contractor Number</b>	<b>4. Invoice Date</b> / /	<b>5. Shower ID No.</b>	<b>6. Invoice No.</b>	
	<b>Attn: Incident Business-Contracts Albuquerque Service Center 101B Sun Avenue NE Albuquerque, NM 87109</b>	TIN: DUNS:	<b>7. Incident Name</b>		<b>8. Job Code</b>		<b>9. Resource Order Request No.</b>
			<b>10. Benefiting Unit, Region/Agency</b>				

**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 <sub>2</sub> O		18. *Intermittent Use		19. Totals		
			Miles	Price	Days	Price	Moves	Fee	Miles	Price	Miles	Price	Time	Price	For	Amount	
Shower Facility		From		\$		\$		\$575		\$						Mileage	\$
		To														Usage	\$
Water Vehicle Only		From										\$		\$		Reloc fee	\$
		To														Tran. H <sub>2</sub> O	\$
															Inter Use	\$	

**OPTIONAL EQUIPMENT DISPATCHED BY GOVERNMENT TO AN INCIDENT**

Unit Description	Unit	Location	Mileage		Usage		Relocation Fee				Transportation H <sub>2</sub> 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 <sub>2</sub> O	\$
		To															\$
* Transporting Water and Intermittent Use Miles, Time and Rates from 1276-D															<b>20. Miscellaneous Charges and Credits (Total From 1276-D)</b>		\$
															<b>21. Total Invoice Amount</b>		\$

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

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

Date	Government Representative				Contractor			Invoice No.	
Unit ID No. *	<b>25. TRANSPORTING WATER</b>					<b>26. INTERMITTENT USE</b>			
	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

<b>27. MISCELLANEOUS CHARGES AND CREDITS</b>	
<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><b>28.</b> I certify the charges and/or credits are correct.</p> <p>_____</p> <p style="text-align:center;">Date                      Contractor</p>	<p>I certify the charges and/or credits are correct.</p> <p>_____</p> <p style="text-align:center;">Date                      Government Representative</p>
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