



OKLAHOMA
Corrections

INVOICE

Prisoner Public Works Program

Date: _____
DOC FACILITY: _____
CREW ID: _____

ACCOUNTING INFORMATION REQUIRED:

AGENCY NAME: _____ CONTACT NAME: _____
BILLING ADDRESS: _____ PHONE: _____
EMAIL: _____

PLEASE DO NOT LEAVE BLANK

BILLING PERIOD	Work Crew Name	Payment Terms
		Due within 30 days of invoice date

PUBLIC WORKS BILLING CONTRACT COSTS

Example:

Monthly Contracted Cost	
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	-
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	-
	-
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	-
	-
	-
	-
	-
	-
	-
	-
	-
	-
	-
Total	-