

OFF DUTY POLICE INVOICE/ VOUCHER

_____ and _____ /100 Dollars

DETAIL DESCRIPTION	Vendor #: _____				
Date Worked:	AT: \$ _____ per hour for _____ hours				
	FROM: _____ am / pm TO: _____ am / pm				
	COST DISTRIBUTION				
	IO#	Cost Center	WBS	GL Account	Amount
Job Location:					
	IO#	Cost Center	WBS	GL Account	Amount
Crew Leader: Truck #:					
	IO#	Cost Center	WBS	GL Account	Amount
Officer:					
Department Name:	Mail Check To: _____				
SS#: Badge #:	Address: _____				
	City: _____				
Cell or Phone Number: (_____) _____ - _____	State / Zip: _____				

Officer's Signature / Date:	FPL Approver Name: _____
_____	Approver Signature / Date: _____