SAFE ICE ROADS FOR ALASKA TRAILS PROGRAM

Alaska Department of Transportation and Public Facilities

INVOICE

INVOICE: _____

DATE: _____

FOR:
Alaska SIRA
Alaska Department of Transportation and Public Facilities
Organization_____

DESCRIPTION/WORK TYPE	HOURS	RATE	AMOUNT
Labor			
Equipment			
Commodities			
Contractor			
DeMinimis/NICRA			
Subtotal			
In Kind Match			
		TOTAL	