



INVOICE

[Your Company Name]

[Street Address]

[City, ST ZIP Code]

[Phone] [Fax]

[e-mail]

INVOICE NO:

DATE:

TRIP INCIDENT #:

TO Georgia Department of Transportation
HERO Unit
515 Plasters Avenue
Atlanta, Ga 30324

Recovery Agent	Trip Incident Date	Date of AIR	TA Number

QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
	Event Type 1 - Flat Rate Service Charge		
	(Recovery Agent Name Here) arrived at the incident within the allotted time, but was not utilized..	\$600	
	Event Type 2 -		
	(Recovery Agent Name Here) responded to scene within allotted time, with proper equipment and completely cleared the travel lanes, opening the roadway..	\$2,500	
	GDOT asked (Recovery Agent Name Here) for additional equipment, and it arrived on-scene within response time.	\$1,000	
	Extra Equipment Requested by GDOT: (List Equipment Here)		
TOTAL			

Make all checks payable to [Your Company Name]

THANK YOU FOR YOUR BUSINESS!

OFFICE USE ONLY					
Incident Start Time	TRIP Activation	Supervisor Arrival	Equipment/Operator On Scene	Criteria Met?	NTP
Extra Equip	Stop Time	Restart Time	Roadway Clearance	Rdwy Clearance Duration (min)	Incident Clearance Duration (min)

GDOT HERO MANAGER SIGNATURE

TOWING RECOVERY AGENT SIGNATURE