

ALLEGANY COUNTY DEPARTMENT OF PUBLIC WORKS
SAND/SALT INVOICE RECORD
 FOR THE MONTH OF: _____
 Year Of: _____

Town: _____

Form Completed by (Full Name): _____

Date Completed: _____

| Invoice Number | Date | Type of Material | Quantity | Remarks |
|----------------|------|------------------|----------|---------|
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| | | TOTAL | | |

This form should be submitted to the County no later than the 15th of the month and a copy retained by the town for a minimum of three (3) years.

Please attach copies of all invoices and any supporting documentation.