TRANSPORTATION DEPARTMENT

INVOICE

Add Invoice #

Auto STEAM Days
DECEMBER 5-6, 2017

SCHOOL DISTRICT: (NAME OF SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT CONTACT: (NAME)
TRANSPORTATION DEPARTMENT PHONE NUM (PHONE #)

MAIL CHECK PAYBLE TO:
(NAME OF SCHOOL DISTRICT)
(STREET ADDRESS)
(CITY, ST, ZIP CODE)
(PHONE)
(EMAIL)

SEND INVOICE TO:
PAM SHERWOOD
CENTER FOR ADVANCED AUTOMOTIVE TECHNOLOGY
MACOMB COMMUNITY COLLEGE
BUILDING S, ROOM 148, SOUTH CAMPUS
14500 E. 12 MILE RD.
WARREN, MI 48088
586-445-7126
EMAIL: sherwoodp@macomb.edu
Submit by January 31, 2018

INDIVIDUAL SCHOOL	DATE(S)	# OF BUSES	TOTAL HOURS	RATE	Total Bus Cost	# OF SUB. TEACHERS	TOTAL HOURS	RATE	Total Sub. Cost	TOTAL: Bus & Substitute
					$0.00				$0.00	$0.00
					$0.00				$0.00	$0.00
					$0.00				$0.00	$0.00
					$0.00				$0.00	$0.00
					$0.00				$0.00	$0.00
					$0.00				$0.00	$0.00
					$0.00				$0.00	$0.00
					$0.00				$0.00	$0.00
					$0.00				$0.00	$0.00
					$0.00				$0.00	$0.00
					$0.00				$0.00	$0.00
					$0.00				$0.00	$0.00
					$0.00				$0.00	$0.00
					$0.00				$0.00	$0.00
					$0.00				$0.00	$0.00
					$0.00				$0.00	$0.00
					$0.00				$0.00	$0.00
					$0.00				$0.00	$0.00
					$0.00				$0.00	$0.00
					$0.00				$0.00	$0.00
					$0.00				$0.00	$0.00
								TOTAL All:		$0.00