

INSTRUCTIONS

- 1 Please submit one invoice per travel team per week.
- 2 Enter invoice number, date, storm name, travel team, and weekending date on Invoice Contractor tab.
The entered information will carry to the 'Weekly Time Report' tab. The Weekending Sunday date will automatically populate the daily dates on the Weekly Time Report.
- 3 Enter sum of all miscellaneous reimbursable receipts on invoice coversheet in the green box.
Important: *must submit copies of receipts.*
- 4 Enter information from timesheets on the Weekly Time Report tabs:
 - Employee Name and appropriate hours for each day.
 - Total number of meals billed (according to contract/specs)*Total HOURS and number of MEALS will carry to the coversheet.*
- 5 Enter all Mob/Demob information on the Travel Log tab. Include the city, state, and time for any stops made during travel. *(Employee names must be listed on the travel log)*
- 6 In order for lodging costs to be reimbursed, please itemize receipts on 'Hotel Receipt Detail' tab.
Totals will autocalculate and carry forward to the invoice coversheet. (Must submit copies of receipts.)
- 7 If contract states fuel costs are to be reimbursed please itemize fuel receipts on Fuel Receipt Detail tab.
Totals will autocalculate and carry forward to the invoice coversheet. (Must submit copies of receipts.)
- 8 Once you have completed the invoice template:
 - E-mail (excel version) of template along with scanned copies of approved receipts for hotels and fuel to **Storm-Payment-Center@fpl.com**.
 - (Include the invoice number in the subject line of the email). Your back up documentation should include copies of FPL-approved timesheets

 Indicates "input" field(s) throughout the entire Template

Contractor Storm Crew Invoice

NON-EMBEDDED

Contractor	
Street Address:	
City/State/Zip:	
Storm Contract Number:	

Invoice Number:	
Invoice Date:	
Storm Name:	
Work Order Number:	G/L: 5751800
Travel Team ID:	
Week Ending Sunday:	

	Hours/Quantity	x	Rate	Receipt \$ Amount	Product ID	=	Total
STORM-1ST RESP, MH RATE, NSQ, EMB,ST FIRST RESPONDERS - NON-SWITCHING QUALIFIED - FPL PROVIDES FUEL	0	x			8480	=	\$ -
STORM-1ST RESP, MH RATE, NSQ, EMB,OT FIRST RESPONDERS - NON-SWITCHING QUALIFIED - FPL PROVIDES FUEL	0	x			8481	=	\$ -
STORM-1ST RESP, MH RATE, NSQ, EMB,ST FIRST RESPONDERS - NON-SWITCHING QUALIFIED - SUPPLIER PROVIDES FUEL	0	x			8482	=	\$ -
STORM-1ST RESP, MH RATE, NSQ, EMB,OT FIRST RESPONDERS - NON-SWITCHING QUALIFIED - SUPPLIER PROVIDES FUEL	0	x			8483	=	\$ -
Per Diems (DAILY)	0	x	\$ 35.00		5532	=	\$ -
Per Diems (IND Meals)	0	x	\$ 11.66		7043	=	\$ -
Fuel	ITEMIZE ON FUEL RECEIPT DETAIL				7045	=	#REF!
Housing	ENTER TOTAL RECEIPTS ATTACHED				7044	=	#REF!
MISC	ENTER TOTAL RECEIPTS ATTACHED				7057	=	\$ -
Total Invoice							#REF!

O.K. TO PAY _____

FPL Contract Administration Only	
Purchase Order Number	
Created/Paid Date	
DOC #	
SAP Approver Initials	
Date Approved in SAP	

Storm Crew Weekly Time Report														Invoice Date: #REF!										
Storm Name: #REF!														Invoice Number: #REF!										
Work Location: #REF!														Work Order Nbr: #REF!										
Contractor: #REF!														Storm Contract: #REF!										
FPL Rep: #REF!																								
Employee	Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			Sunday			Total Reg. Hours	Total O.T. Hours	Total Mob/Demob Hours
	Date: #REF!	Work/Standby Hours	Mobilize/Demobilize	Date: #REF!	Work/Standby Hours	Mobilize/Demobilize	Date: #REF!	Work/Standby Hours	Mobilize/Demobilize	Date: #REF!	Work/Standby Hours	Mobilize/Demobilize	Date: #REF!	Work/Standby Hours	Mobilize/Demobilize	Date: #REF!	Work/Standby Hours	Mobilize/Demobilize	Total Regular Hours	Total O.T. Hours	Total Mob/Demob Hours			
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Daily Total Hours	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	Total DAILY	0	0
Total DAILY Per Diems <small>(no meals provided)</small>																						Total INDIVIDUAL Meal Per Diems	0	

Storm Crew Weekly Time Report														Invoice Date: #REF!											
Storm Name: #REF!														Invoice Number: #REF!											
Work Location: #REF!														Work Order Nbr: #REF!											
Contractor: #REF!														Storm Contract: #REF!											
FPL Rep: #REF!																									
Employee	Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			Sunday			Total Reg. Hours	Total O.T. Hours	Total Mob/Demob Hours	
	Date: #REF!	WorkStandy Hours	Mobilize Demobilize	Date: #REF!	WorkStandy Hours	Mobilize Demobilize	Date: #REF!	WorkStandy Hours	Mobilize Demobilize	Date: #REF!	WorkStandy Hours	Mobilize Demobilize	Date: #REF!	WorkStandy Hours	Mobilize Demobilize	Date: #REF!	WorkStandy Hours	Mobilize Demobilize	Date: #REF!	WorkStandy Hours	Mobilize Demobilize				
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Daily Total Hours	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total DAILY Per Diems (no meals provided)																						Total DAILY			0
Total INDIVIDUAL Meal Per Diems																						Total IND Meals			0

Storm Crew Weekly Time Report															Invoice Date: #REF!									
Storm Name: #REF!															Invoice Number: #REF!									
Work Location: #REF!															Work Order Nbr: #REF!									
Contractor: #REF!															Storm Contract: #REF!									
FPL Rep: #REF!																								
Employee	Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			Sunday			Total Reg. Hours	Total O.T. Hours	Total Mob/Demob Hours
	Date: #REF!	Work/Standby Hours	Mobilize/Demobilize	Date: #REF!	Work/Standby Hours	Mobilize/Demobilize	Date: #REF!	Work/Standby Hours	Mobilize/Demobilize	Date: #REF!	Work/Standby Hours	Mobilize/Demobilize	Date: #REF!	Work/Standby Hours	Mobilize/Demobilize	Date: #REF!	Work/Standby Hours	Mobilize/Demobilize	Total Regular Hours	Total O.T. Hours	Total Mob/Demob Hours			
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Total DAILY Per Diems <small>(no meals provided)</small>																						Total INDIVIDUAL Meal Per Diems	0	

Storm Crew Weekly Time Report															Invoice Date: #REF!									
Storm Name: #REF!															Invoice Number: #REF!									
Work Location: #REF!															Work Order Nbr: #REF!									
Contractor: #REF!															Storm Contract: #REF!									
FPL Rep: #REF!																								
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Daily Total Hours	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	Total DAILY	0	0
Total DAILY Per Diems <small>(no meals provided)</small>																						Total INDIVIDUAL Meal Per Diems	0	

Storm Crew Weekly Time Report														Invoice Date:	#REF!										
Work Location:														Invoice Number:	#REF!										
Contractor:														Work Order Nbr:	#REF!										
FPL Rep:														Storm Contract:	#REF!										
Employee	Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			Sunday			Total Reg. Hours	Total O.T. Hours	Total Mob/Demob Hours	
	Date:	#REF!	Work/Standby Hours	Date:	#REF!	Work/Standby Hours	Date:	#REF!	Work/Standby Hours	Date:	#REF!	Work/Standby Hours	Date:	#REF!	Work/Standby Hours	Date:	#REF!	Work/Standby Hours	Date:	#REF!	Reg.				O.T.
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Total DAILY Per Diems (no meals provided)																						Total DAILY			0
Total INDIVIDUAL Meal Per Diems																						Total IND MEALS			0

Storm Crew Weekly Time Report Summary Totals							
Summary Totals	Work Regular Hours	Work O.T. Hours	Mobilize/ Demobilize Regular Hours	Mobilize/ Demobilize O.T. Hours	Total DAILY Per Diems (no meals provided)	Total INDIVIDUAL Meal Per Diems	
Page 1	0.0	0.0	0.0	0.0	0	0	
Page 2	0.0	0.0	0.0	0.0	0	0	
Page 3	0.0	0.0	0.0	0.0	0	0	
Page 4	0.0	0.0	0.0	0.0	0	0	
Page 5	0.0	0.0	0.0	0.0	0	0	
Grand Total - All Pages	0.0	0.0	0.0	0.0	0	0	

Storm Crew Hotel Receipt Itemization									
Storm Name: #REF!		Contractor: #REF!		Work Order No: #REF!		Invoice Date: #REF!		#REF!	
Work Location:		FPL Rep:				Invoice Number: #REF!		#REF!	
Check-in Date	Check-in Time (Military Time)	Employee(s) Name	3rd Party Vendor/Hotel Name	City, State	Room #	Room Total			
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TOTAL HOTEL RECEIPTS									\$ -

Storm Crew Hotel Receipt Itemization									
Storm Name: #REF!		Contractor: #REF!		Work Order No: #REF!		Invoice Date: #REF!		#REF!	
Work Location:		FPL Rep:				Invoice Number: #REF!		#REF!	
Check-in Date	Check-in Time (Military Time)	Employee(s) Name	3rd Party Vendor/Hotel Name	City, State	Room #	Room Total			
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TOTAL HOTEL RECEIPTS									\$

Storm Crew Hotel Receipt Itemization									
Storm Name: #REF!		Contractor: #REF!		Work Order No: #REF!		Invoice Date:		#REF!	
Work Location:		FPL Rep:				Invoice Number:		#REF!	
Check-in Date	Check-in Time (Military Time)	Employee(s) Name	3rd Party Vendor/Hotel Name	City, State	Room #	Room Total			
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Storm Crew Hotel Receipt Itemization									
Storm Name: #REF!		Contractor: #REF!		Work Order No: #REF!		Invoice Date:		#REF!	
Work Location:		FPL Rep:				Invoice Number:		#REF!	
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Storm Crew Hotel Receipt Itemization									
Storm Name: #REF!		Contractor: #REF!		Work Order No: #REF!		Invoice Date:		#REF!	
Work Location:		FPL Rep:				Invoice Number:		#REF!	
Check-in Date	Check-in Time (Military Time)	Employee(s) Name	3rd Party Vendor/Hotel Name	City, State	Room #	Room Total			
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TOTAL HOTEL RECEIPTS							\$		-

Receipt Itemization Summary	
Page 1 Total	\$0.00
Page 2 Total	\$0.00
Page 3 Total	\$0.00
Page 4 Total	\$0.00
Page 5 Total	\$0.00
TOTAL HOTEL RECEIPTS	\$0.00

Storm Crew Fuel Receipt Itemization									
Storm Name: #REF!		Contractor: #REF!		Work Order #: #REF!		Invoice Date:		#REF!	
Work Location:		FPL Rep:				Invoice Number:		#REF!	
Date	Time Stamp	Vehicle ID	3rd Party Vendor/Station Name	City, State	Fuel Amount (\$)				
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Storm Crew Fuel Receipt Itemization							Invoice Date:	#REF!
Storm Name: #REF!	Contractor: #REF!	Work Order #: #REF!			Invoice Number:	#REF!		
Work Location:		FPL Rep:						
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Storm Crew Fuel Receipt Itemization									
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Work Location:		FPL Rep:				Invoice Number:		#REF!	
Date	Time Stamp	Vehicle ID	3rd Party Vendor/Station Name	City, State	Fuel Amount (\$)				
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Storm Crew Fuel Receipt Itemization									
Storm Name: #REF!		Contractor: #REF!		Work Order #: #REF!		Invoice Date:		#REF!	
Work Location:		FPL Rep:				Invoice Number:		#REF!	
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Storm Crew Fuel Receipt Itemization									
Storm Name: #REF!		Contractor: #REF!		Work Order #: #REF!		Invoice Date:		#REF!	
Work Location:		FPL Rep:				Invoice Number:		#REF!	
Date	Time Stamp	Vehicle ID	3rd Party Vendor/Station Name	City, State	Fuel Amount (\$)				
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TOTAL FUEL RECEIPTS					-				
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Receipt Itemization Summary	
Page 1 Total	\$0.00
Page 2 Total	\$0.00
Page 3 Total	\$0.00
Page 4 Total	\$0.00
Page 5 Total	\$0.00
TOTAL FUEL RECEIPTS	\$0.00