

SECURITY GUARD SERVICES – SAMPLE INVOICE

Contractor: _____

Invoice Month: _____

Lead Staff: _____

Lead Staff e-Mail and telephone #: _____

Contract Number: _____

Zone: _____

DIRECT COST (List each staff classification)

Payroll:	FTE*	Hourly Rate		Monthly Hours	=	Monthly Salary
Unarmed Security Guard	_____ %	\$ _____	x	_____	=	\$ _____
Armed Security Guard	_____ %	\$ _____	x	_____	=	\$ _____
On-Site Supervisor	_____ %	\$ _____	x	_____	=	\$ _____

Total Monthly Salaries and Wages \$ _____

*FTE = Full-Time Equivalent Positions (Monthly Hours divided by 173)

Employee Benefits	No. of Employees	Monthly Cost
Medical Insurance	_____	\$ _____
Dental Insurance	_____	\$ _____
Life Insurance	_____	\$ _____
Disability	_____	\$ _____
Retirement	_____	\$ _____
Other (Specify)	_____	\$ _____
Total Monthly Benefits		\$ _____

Payroll Taxes (List all appropriate, e.g., FICA, SUI, Workers' Compensation, etc.)

FICA (Medicare & Social Security Taxes – 7.65% of Salary Costs)	\$ _____	
State Unemployment Insurance (SUI)	\$ _____	
Workers' Compensation	\$ _____	
Other (Specify)	\$ _____	
Total Monthly Payroll Taxes		\$ _____

Insurance**

** (List Type/Coverage. See Sample Contract, Paragraph 8.25, Insurance Coverage Requirements)

Facility Maintenance	\$ _____	
Space Rent/Lease	\$ _____	
Equipment Lease/Maintenance	\$ _____	
Program Supplies	\$ _____	
Staff Development	\$ _____	
Mileage/Parking Fees	\$ _____	
Telephone/Utilities	\$ _____	
Other (Specify)	\$ _____	
Total Monthly Ins./Operating Costs		\$ _____

TOTAL MONTHLY DIRECT COSTS \$ _____

ADMINISTRATIVE/INDIRECT COST (List all appropriate)

(The County shall pay up to 15% of actual costs; these costs shall not be in addition to, but part of the maximum Contract amount.)

General Accounting/Bookkeeping	\$ _____
Management Overhead (Specify)	\$ _____
Other (Specify)	\$ _____

TOTAL MONTHLY INDIRECT COSTS \$ _____

TOTAL MONTHLY DIRECT AND INDIRECT COSTS \$ _____