



Towing & Recovery Incentive Program Invoice

Company Name: _____
 Street Address: _____
 City, ST, Zip Code: _____
 Phone & Fax: _____
 Email: _____

Our address and/or account # has changed: Yes No

Invoice #: _____ TRIP Incident #: _____
 Invoice Date: _____ Incident Date: _____
 Vendor ID #: _____

Description	Quantity	Unit Price	Line Total
Event Type 1 - Mobilization: Supervisor and required equipment arrived within the recognized time parameters but were not utilized to clear the travel lanes.		\$1,200	
Event Type 2 - Full TRIP Activation: Supervisor and required equipment arrived within the recognized time parameters and cleared all the travel lanes within 90 minutes after Notice to Proceed.		\$4,000	
Event Type 3 - TRIP Stall Activation: Supervisor and required equipment arrived within the recognized time parameters and cleared all the travel lanes within 45 minutes after Notice to Proceed.		\$1,800	
Total:			

Click [here](#) to read the TRIP Specifications for more details.

Make Checks Payable To: _____

Towing Recovery Agent Signature: _____

Thank You for Your Business!

For GDOT Office Use Only

Advisory Board Meeting Date: _____ IP #: _____

INSTRUCTIONS: Please send your completed invoice to the below email (preferred) or mailing address.

Mailing Address
 TO: Georgia Department of Transportation
 HERO Unit
 515 Plasters Avenue
 Atlanta, GA 30324

Email Address
TRIP@dot.ga.gov