

Phone: _____ Fax: _____	Cost Type & No Fee INVOICE
	INVOICE #: _____ DATE: _____
TO: UT-Battelle, LLC Accounts Payable Department PO Box 2308 Oak Ridge, TN 37831-6436 Email invoice to ornlap@ornl.gov or Fax to 865-241-1080	SHIP TO: UT-Battelle, LLC for the Department of Energy
COMMENTS OR SPECIAL INSTRUCTIONS:	

SUBCONTRACT NUMBER	BILLING PERIOD Begin/End Date	SHIPPED VIA	CUSTOMER NUMBER	TERMS NET DAYS

COST ELEMENT DESCRIPTION	CURRENT COSTS	CUMULATIVE COSTS
DIRECT LABOR – Standard Time (itemize on attached statement)		
DIRECT LABOR – with Overtime Premium (itemize on attached statement)		
FRINGE BENEFITS (percent)		
LABOR OVERHEAD (percent)		
TOTAL LABOR		
DIRECT MATERIAL (itemize on attachment)		
MATERIAL OVERHEAD (percent)		
TOTAL MATERIAL		
TRAVEL (itemize on attachment with receipts if required)		
OTHER DIRECT COSTS (itemize on attachment)		
TOTAL TRAVEL AND OTHER DIRECT COSTS		
GENERAL & ADMINISTRATIVE EXPENSE (percent)		
TOTAL COSTS		
FCCOM (percent)		
INVOICE SUBTOTAL		
LESS RETENTION		
RETENTION INVOICED		
AMOUNT PREVIOUSLY PAID		
TOTAL AMOUNT DUE		

If you have any question concerning this invoice, contact: