

Phone: _____ Fax: _____	<b>Cost Share INVOICE</b>
	<b>INVOICE #:</b> _____ <b>DATE:</b> _____
<b>TO:</b> <b>UT-Battelle, LLC</b> <b>Accounts Payable Department</b> <b>PO Box 2308</b> <b>Oak Ridge, TN 37831-6436</b> <b>Email invoice to ornlap@ornl.gov or</b> <b>Fax to 865-241-1080</b>	<b>SHIP TO:</b> <b>UT-Battelle, LLC for the Department of Energy</b>
<b>COMMENTS OR SPECIAL INSTRUCTIONS:</b>	

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)		
<b>TOTAL LABOR</b>		
DIRECT MATERIAL (itemize on attachment)		
MATERIAL OVERHEAD (percent)		
<b>TOTAL MATERIAL</b>		
TRAVEL (itemize on attachment with receipts if required)		
OTHER DIRECT COSTS (itemize on attachment)		
<b>TOTAL TRAVEL AND OTHER DIRECT COSTS</b>		
GENERAL & ADMINISTRATIVE EXPENSE (percent)		
<b>TOTAL COSTS</b>		
<b>FCCOM</b> (percent)		
<b>INVOICE SUBTOTAL</b>		
LESS RETENTION		
RETENTION INVOICED		
<b>AMOUNT PREVIOUSLY PAID</b>		
<b>TOTAL COST INCURRED</b>		
<b>COMPANY COST SHARE *</b>		
<b>SELLERS COST SHARE *</b>		
<b>TOTAL INVOICED</b>		

\*If Agreement provides for multiple cost share percentages, provide a complete calculation of cost share information on attachment.

**If you have any question concerning this invoice, contact:**