		Time and Material and Labor Hour INVOICE						
		INVOICE #:						
Phone:	Fax:		INVOICE DATE:					
TO:SHIP TO:UT-Battelle, LLCUT-Battelle, LLC for the Department of EAccounts Payable DepartmentUT-Battelle, LLC for the Department of EPO Box 2308Oak Ridge, TN 37831-6436Email invoice to ornlap@ornl.gov orFax to 865-241-1080Comments or Special Instructions:Comments or Special Instructions:						Energy		
<u> </u>	UT-Battelle Subcontract Number	BILLING PERIOD Beginning/End Date		Shipped Via	-	Customer Number		
	Element Descriptio			Current Amou	Int	Cumulativ	ve Amount	
LABOR – STANDARD TIME (itemize on attached statements – as shown on Appendix-A and Appendix-B or other Company Approved Format) LABOR – OVERTIME* (itemize on attached statements – as shown on Appendix-A and Appendix-B or other Company Approved Format)								
TOTAL LAB	1 / 11	nat)						
MATERIAL* (itemize on attached statements – as shown on Appendix-C or other								

MATERIAL* (itemize on attached statements – as shown on Appendix-C or other	
Company Approved Format with receipts)	
TRAVEL* (itemize on attached Travel Expense Statement Form(s) or other	
Company Approved Format with receipts if required)	
Handling Charge* (Material and Travel)	
TOTAL MATERIAL AND TRAVEL	
INVOICE SUBTOTAL	
RETENTION	
TOTAL AMOUNT DUE	

* Must be specified in the Agreement

If you have any questions concerning this invoice, contact [Name, phone, e-mail]

CERTIFICATE OF CONFORMANCE

I certify that ______(insert Seller's name) has furnished the Direct Labor Hours (DLH) called for and identified on this invoice in accordance with Agreement No.______. I further certify that the work is of the quality specified and conforms in all respects with the Agreement requirements, that all amounts invoiced for labor, travel, and other material costs have been paid, and the amount of this invoice is now due.

Date: _____.

Signature: _____

Title: _____