UT-Battelle Subcontract Number: ______________________________

Invoice Number / Invoice Date:
_______________ / _______________

Other Information

BILLING PERIOD

Begin Date: ________________
End Date: ________________

Invoice Format – Appendix A

Labor Details for
Time and Material / Labor Hour
Subcontracts

Your Company Name

Street Address

City, ST Zip Code

Phone Fax

Address 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

Line Item	Employer	Employee	Employee ID	Labor Classification	Labor Rate	Invoice Hours	Invoice Charge
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
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							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
					TOTAL:	**0.00**	**0.00**