UT-Battelle Subcontract Number: _____ Invoice Number: / Invoice Date: _____ / _____ Other Information:	**BILLING PERIOD** Begin Date: _____ End Date: _____ Company Name Street Address City, ST ZIP Code Phone: Fax:	**Invoice Format – Appendix A** Labor Details for Time and Material / Labor Hour Subcontracts **Address To:** UT-Battelle, LLC Accounts Payable Department PO Box 2308 Oak Ridge, TN 37831-6436

LINE ITEM	EMPLOYER	EMPLOYEE	EMPLOYEE ID	LABOR CLASSIFICATION	LABOR RATE	INVOICE HOURS	INVOICE CHARGE
							0.00
							0.00
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