UT-Battelle Subcontract Number:

____

Invoice Number: / Invoice Date:

_______________ / _______________

Other Information

BILLING PERIOD

Begin Date: ________________

End Date: ________________

Your Company Name

Street Address

City, ST Zip Code

Phone Fax

Invoice Format – Appendix B

Labor Payment Details for Time and Material / Labor Hour Subcontracts

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	Period Ending	Hours Worked							Period Hours
					Mon	Tue	Wed	Thu	Fri	Sat	Sun	
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												TOTAL:	**0.00**