

<p><u>UT-Battelle Subcontract Number:</u> _____</p> <p>Invoice Number: / Invoice Date: _____/_____</p>	<p><u>BILLING PERIOD</u> Begin Date: _____ End Date: _____</p>	<p><u>Invoice Format – Appendix B</u> Labor Payment Details for Time and Material / Labor Hour Subcontracts</p>
<p>Phone _____ Fax _____</p>	<p><u>Address To:</u> UT-Battelle, LLC Accounts Payable Department PO Box 2308 Oak Ridge, TN 37831-6436</p>	

Line Item	Employer	Employee	Employee ID	Period Ending	Hours Worked							Period Hours
					Mon	Tue	Wed	Thu	Fri	Sat	Sun	