UT-Battelle Subcontract Number:	**BILLING PERIOD**	**Invoice Format – Appendix B**
____________________________	Begin Date: ________________ End Date: ________________	Labor Payment Details for Time and Material / Labor Hour Subcontracts
Invoice Number: / Invoice Date: ______________ / ______________	**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
Other Information		

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**