UT-Battelle Subcontract Number: _____ Invoice Number: / Invoice Date: _____ / _____ *Other Information*	**BILLING PERIOD** Begin Date: _____ End Date: _____	**Invoice Format – Appendix C** Material and Travel Cost Details 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

Line Item	Description	Purchase Date	Government Property Y/N	Cost
			TOTAL:	**0.00**

Travel Costs

Line Item	Traveler Name	Destination	Travel Start	Travel End	Expense Code (enter 1 – 8)	Amount Claimed for Reimbursement
					TOTAL:	**0.00**

Expense Code:

1. Airfare
2. Ground transportation
3. Lodging
4. Per Diem (First & Last Day not to exceed 75% of M&EI)
5. Business Center (Copies, Internet access, fax)
6. Phone
7. Hotel Tax
8. Other (Describe)

Description: