

Signature of Consultant or Personal-Services Subcontractor

CONSULTANT'S OR PERSONAL-SERVICES SUBCONTRACTOR'S INVOICE FOR TRAVEL AND/OR SERVICES

ATTN: ACCOUNTS PAYABLE DEPT. P.O. BOX 2004, OAK RIDGE, TENNESSEE 37831-7045 SUBCONTRACT NO. DATE NAME STREET INSTALLATION VISITED ORNL K-25 **PADUCAH** Y-12 CITY PERSON(S) CONTACTED Please check if address has changed since last billing: NOTICE: USE OF FIRST CLASS PLANE SPACE MUST BE EXPLAINED BELOW **MEANS OF AMOUNT** DATE **DEPARTED FROM** TIME **ARRIVED AT** TIME TRANS. CLAIMED MEALS AND INCIDENTAL EXPENSES Days at Per Day) LODGING OTHER EXPENSES (Please List) **TOTAL TRAVEL EXPENSES** RATE DATE SERVICES RENDERED TOTAL FEE (DEDUCT) PREPAYMENTS/ADVANCES MADE BY LOCKHEED MARTIN GRAND TOTAL (TRAVEL PLUS TOTAL FEE LESS DEDUCTIONS) 1. COMPLETE IF PERSONAL CAR USED AUTOMOBILE LICENSE NUMBER **REGISTRATION STATE OF MILEAGE** Miles per Rand McNally 2. EXPLANATION IF FIRST CLASS PLANE USED: 3. IDENTIFICATION OF PREPAYMENTS/ADVANCES MADE BY LOCKHEED MARTIN: CERTIFICATION: I certify that the above claim is just and FOR COMPANY USE ONLY true in all respects and that no invention or discovery, not Days services are hereby approved heretofore reported by me, has been made or conceived by Days service and travel invoiced are hereby approved me during or in connection with the rendering of the above services, unless specifically noted on the reverse side of this form or on an attachment hereto. Cost Center or WBS Element Signature

of Approver

____ Date _