

NVLAP Laboratory Assessment and Related Services Invoice

Contractor:		
Address:		
City:	State:	Zip:
Foreign:		
TOTAL BILLED: \$		Date:
Purchase Order #: SB1341- - - (insert last 8 characters of P.O. #)		Line Item No. (if applicable):
Vendor Invoice No.:		
Type of Service:		
<input type="checkbox"/> On-Site Assessment	Lab Code:	
	Location:	
	Date(s) of On-Site Assessment:	
<input type="checkbox"/> Evaluation		
<input type="checkbox"/> Other (specify):		
<p>To expedite processing of the invoice, do not send the invoice to NVLAP. Submit the invoice to NIST Accounts Payable using one of the following methods:</p> <p>By Mail to: National Institute of Standards and Technology Accounts Payable/NVLAP 100 Bureau Drive, Stop 1621 Gaithersburg, MD 20899-1621</p> <p>By Fax to: 301-975-8283</p> <p>By E-Mail to: invoice@nist.gov</p>		
<p>I certify that the above claim is in accordance with the terms of the Purchase Order referenced above.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature</p>		