

INVOICE

NAME

ADDRESS

CITY, STATE, & ZIP CODE

PHONE NUMBER

BILL TO: SAIC-Frederick, Inc.
 P. O. Box B
 Frederick, MD 21702-1201
 Attn: Accounts Payable

Invoice #: _____
 Invoice Date: _____
 P. O. #: _____
 Payment Terms: _____

Date	Hours	Description	Location	Service performed for	Fee

Total Due: \$ -

Is this a final invoice? Yes / No

Consultant Signature: _____

Date: _____

Prepared by: _____

Date: _____

THIS INVOICE HAS BEEN REVIEWED FOR TIME EXPENDED, NATURE OF THE WORK AND RECEIPT OF THE DELIVERABLES AND IS APPROVED FOR PAYMENT.

Signature: _____ Date: _____

(Approving Official)