PAYMENT MANAGEMENT SYSTEM INFORMATION

of Payr	e payments will be provid nent - Letter of Credit, wh number under HHSAR 35	ich is incorporated by	reference. The PIN (le	
l.	Invoice/Financing Request Instructions for NIH Cost-Reimbursement Type Contracts, NIH(RC)-1, are attached and made a part of this contract for the submission of completion and/or final invoices. The invoice instructions and the following directions for the submission of invoices/financing requests must be followed to meet the requirements of a "proper" invoice, pursuant to FAR 32.9. The completion and/or final invoice shall be submitted as follows:			
	An orginial and two copies to the following office:			
	Name of Contracting Officer			
	Name of Institute, NIH			
	Building	Room		
	City	 State	Zip Code	

2. The office administering advance payments designated in HHSAR 352.232-73(g)(2) is:

Department of Health and Human Services/OS Federal Assistance Financing Branch P.O. Box 602l Rockville, Maryland 20852

Inquiries regarding payments should be directed to the above office.

NIH(RC)-3 REV. 5/97