

INDIVIDUAL INDEPENDENT SUBCONTRACTOR'S INVOICE (Apr 2009)

UT-BATTELLE, LLC

ATTN: ACCOUNTS PAYABLE DEPARTMENT
 PO BOX 2308, OAK RIDGE, TN 37831-6436

A. GENERAL INFORMATION

NAME	INVOICE NO.	DATE	SUBCONTRACT NO.
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ADDRESS

CITY/STATE/ZIP
 PLEASE CHECK IF ADDRESS HAS CHANGED SINCE LAST BILLING

B. FEES

B.1 DATE SERVICES RENDERED	B.2 HOURS/RATE	B.3 HONORARIUM	B.4 SUBSISTENCE/STIPEND
	_____ @ _____		
	_____ @ _____		
	_____ @ _____		
	_____ @ _____		

B.5 TOTAL FEES	AMOUNT

C. TRAVEL EXPENSES

C.1 TRANSPORTATION

DATE	DEPARTED FROM	TIME	ARRIVED AT	TIME	MEANS OF TRANSPORTATION	AMOUNT

PERSONAL CAR (Complete if Personal Car is Used and Claimed Above as a Means of Transportation)

AUTOMOBILE LICENSE NO.	STATE OF REGISTRATION	BEGINNING ODOMETER READING	ENDING ODOMETER READING	TOTAL MILEAGE	RATE

C.2 MEALS AND INCIDENTAL EXPENSES	PART DAYS	FULL DAYS	PER DAY	AMOUNT

C.3 LODGING	SINGLE RATE	TAXES	AMOUNT

C.4 TOTAL TRAVEL EXPENSES <i>(C.1 Transportation + C.2 Meals and Incidental Expenses + C.3 Lodging)</i>	AMOUNT

D. TOTAL MISCELLANEOUS EXPENSES	AMOUNT

E. GRAND TOTAL <i>(B.5 Total Fees + C.4 Total Travel Expenses + D. Total Miscellaneous Expenses)</i>	AMOUNT

CERTIFICATION: I certify that the above claim is just and true in all respects and that no invention or discovery, not heretofore reported by me, has been made or conceived by 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.

 Signature of Independent Subcontractor

INFORMATION / INSTRUCTIONS

Complete this document and forward it with required receipts (as indicated below) to UT-Battelle, LLC, Attention: Accounts Payable Department, P. O. Box 2308, Oak Ridge, Tennessee 37831-6436.

A. Self-explanatory. An invoice number and the number of the subcontract under which the services were performed and the travel was accomplished must be provided.

B. Fees. Indicate either hours/rate, honorarium, or subsistence, in accordance with the terms of your subcontract. If date of services rendered is shown by the week or month, separate detail of individual dates of service and hours per day must be attached.

C. Travel Expenses. Travel expenses are reimbursed in accordance with the Company Travel Reimbursement Policy, which is a part of the subcontract.

C.1 Transportation. Section (e) of the Company Travel Reimbursement Policy requires the use of less than first-class accommodations when traveling by airplane, if such accommodations are available and meet the schedule of the traveler. If first-class accommodations are used, the reason must be given on an attached page. If traveling by your personally owned vehicle, indicate the total amount claimed and complete the Personal Car section of C.1 of the form. Provide the odometer reading at the beginning and completion of travel, the total mileage claimed, and the rate allowed by the Federal Travel Regulations.

C.2 Meals and Incidental Expenses. The importance of showing correct time and dates for departures and arrivals is emphasized since this is the basis for computing your M&IE allowance [see section (d) of the Company Travel Reimbursement Policy].

C.3 Lodging. Invoice for the single-rate cost of lodging; if immediate family members also occupy the lodging unit, the expense allowed is the single rate for the lodging unit.

D. Miscellaneous Expenses. This section should reflect any supplies, copying costs, etc., in accordance with the terms of the subcontract.

E. Grand Total. The sum of B.5 Total Fees + C.4 Total Travel Expenses + D. Miscellaneous Expenses.

REQUIRED RECEIPTS:

Travel Expenses.

Receipts are required for:

- (1) airfare;
- (2) items such as baggage transfer, excess baggage, parking fees, toll charges, taxi and limousine fares, etc., in excess of \$75 (reimbursement will be limited to \$75 for any item not supported by a receipt); and
- (3) lodging accommodations. Receipts for lodging must show the single-rate cost of lodging.

Miscellaneous Expenses.

Receipts are required for all miscellaneous expenses.