

Time and Material and Labor Hour INVOICE

INVOICE #: _____
INVOICE DATE: _____

Phone: _____ Fax: _____

| | |
|--|---|
| TO: UT-Battelle, LLC Accounts Payable Department PO Box 2308 Oak Ridge, TN 37831-6436 | SHIP TO: UT-Battelle, LLC for the Department of Energy |
|--|---|

Comments or Special Instructions:

| UT-Battelle Subcontract Number | BILLING PERIOD Beginning/End Date | Shipped Via | Customer Number |
|-----------------------------------|--------------------------------------|-------------|--------------------|
| | | | |

| Element Description | Current Amount | Cumulative Amount |
|---|----------------|-------------------|
| LABOR – STANDARD TIME (itemize on attached statements – as shown on Appendix-A and Appendix-B or other Company Approved Format) | | |
| LABOR – OVERTIME* (itemize on attached statements – as shown on Appendix-A and Appendix-B or other Company Approved Format) | | |
| TOTAL LABOR | | |
| MATERIAL* (itemize on attached statements – as shown on Appendix-C or other Company Approved Format with receipts) | | |
| TRAVEL* (itemize on attached statements – as shown on Appendix-C or other Company Approved Format with receipts if required) | | |
| Handling Charge* (Material and Travel) | | |
| TOTAL MATERIAL AND TRAVEL | | |
| INVOICE SUBTOTAL | | |
| RETENTION | | |
| TOTAL AMOUNT DUE | | |

** Must be specified in the Agreement*

If you have any questions concerning this invoice, contact [Name, phone, e-mail]

CERTIFICATE OF CONFORMANCE

I certify that _____ (insert Seller's name) has furnished the Direct Labor Hours (DLH) called for and identified on this invoice in accordance with Agreement No. _____.

I further certify that the work is of the quality specified and conforms in all respects with the Agreement requirements, that all amounts invoiced for labor, travel, and other material costs have been paid, and the amount of this invoice is now due.

Date: _____.

Signature: _____.

Title: _____.