

INDIVIDUAL SUBCONTRACTOR'S INVOICE - FIXED PRICE (Nov 2014)

ATTN: ACCOUNTS PAYABLE DEPARTMENT
 PO BOX 2308, OAK RIDGE, TN 37831-6436
 Email invoice to ornlap@ornl.gov or Fax to 865-241-1080

A. GENERAL INFORMATION			
NAME	INVOICE NO.	DATE	SUBCONTRACT NO.
ADDRESS			
CITY/STATE/ZIP			
B. MILESTONES			
MILESTONE PAYMENT DESCRIPTION		DATE COMPLETED	AMOUNT
B.1 TOTAL MILESTONE PAYMENTS <i>*All funds paid will be reportable for 1099 purposes</i>			TOTAL 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 Subcontractor			