

INDIVIDUAL SUBCONTRACTOR'S INVOICE (INCLUDING TRAVEL) – 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					TOTAL AMOUNT		
C. TRAVEL EXPENSE BREAKDOWN							
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						AMOUNT	
<i>(C.1 Transportation + C.2 Meals and Incidental Expenses + C.3 Lodging)</i>							
D. GRAND TOTAL						AMOUNT	
<i>(B.1 Total Milestone Payments+ C.4 Total Travel Expenses)</i>							
<i>*All funds paid will be reportable for 1099 purposes</i>							
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							