

INDIVIDUAL SUBCONTRACTOR'S INVOICE (INCLUDING TRAVEL) – FIXED PRICE (August 30, 2016)

[Email invoice to ornlap@ornl.gov](mailto:ornlap@ornl.gov)

| A. GENERAL INFORMATION | | | | | | | |
|---|-----------------------|----------------------------|-------------------------|-----------------|-------------------------|---------|--------|
| NAME | | INVOICE NO. | DATE | SUBCONTRACT NO. | | | |
| ADDRESS | | | | | | | |
| CITY/STATE/ZIP | | | | | | | |
| B. MILESTONES | | | | | | | |
| MILESTONE PAYMENT DESCRIPTION | | | | DATE COMPLETED | AMOUNT | | |
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| | | | | | | | |
| 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 | |
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| 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 | | | | | | | |