LAWRENCE LIVERMORE NATIONAL LABORATORY

TIME AND MATERIALS (T&M) INVOICE FORM & INSTRUCTIONS

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| INVOICE FOR T&M PURCHASES AND SERVICES | | | | | **INVOICE NO.:** | |
| Subcontract No.: | Subcontract Term:  Start Date:  Completion Date: | Date Invoice Prepared: | | TO:  Lawrence Livermore National Laboratory  Attention: SASS Group, L-650  Address: P.O. Box 5012  Livermore, CA 94551 | | |
| fROM:  Subcontractor:  Attention:  Address: | | | REMIT TO:  Subcontractor:  Attention:  Address: | | | |
| Discount Terms: | | | Date Received: | | | Date Paid: |
| For the Period  From:  Through: | | | **INVOICE SUMMARY** | | | |
| (Instructions Note) | | | Current Amount Claimed  (From Detail Sheet - Page 2) | | | Cumulative Amount Claimed |
| 1. Subtotal Direct Labor (1) | | |  | | |  |
| 2. Subtotal Materials and Supplies (2) | | |  | | |  |
| 3. Subtotal Travel (3) | | |  | | |  |
| 4. Subtotal Other Direct Costs (4) | | |  | | |  |
| 5. Subtotal Equipment/Property (5) | | |  | | |  |
| 6. Subtotal Subcontract Services (6) | | |  | | |  |
| **7. Subtotal Costs (Sum Lines 1. – 6.)** | | |  | | |  |
| 8. Fixed General & Administrative (G&A) (7)  Expense or Material Handling Charge,  if applicable (Excluding Labor Charges) | | |  | | |  |
| **9. Total Invoice Cost Claim Amount**  **(Sum Lines 7. & 8.)** | | |  | | |  |
| 10. Direct Labor Retention (8) | | | <     > | | | <     > |
| **11. Total Payment Amount Due** (9)  **(Subtract Line 10. from Line 9.)** | | |  | | |  |

CERTIFICATION: I hereby certify this invoice is correct and in accordance with the terms of the Subcontract and the costs included herein have been incurred, represent payments made by the Subcontractor, except as otherwise authorized in the payments provisions of the Subcontract, and properly reflect the work performed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | |
| (Signature) | |  | (Title) | |
| Date: |  |  | Telephone: |  |

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| --- | --- | --- |
| INVOICE FOR T&M PURCHASES AND SERVICES **DETAIL SHEET** | | |
| For the Period  From:  Through: | | **INVOICE NO.:**  Subcontract No.: |
| **Supporting data/documents must be attached.** | Current Amount Claimed | Cumulative Amount Claimed |
| 1. Direct Labor by Labor Category and Fixed Hourly Rate |  |  |
|  |  |  |
| **Subtotal Direct Labor** |  |  |
| 2. Materials and Supplies by Category  (Subject to G&A, if applicable) |  |  |
|  |  |  |
| **Subtotal Materials and Supplies** |  |  |
| 3. Travel (Subject to G&A, if applicable) |  |  |
|  |  |  |
| **Subtotal Travel** |  |  |
| 4. Other Direct Costs (Subject to G&A, if applicable) |  |  |
|  |  |  |
| **Subtotal Other Direct Costs** |  |  |
| 5. Equipment/Property (Subject to G&A, if applicable) |  |  |
|  |  |  |
| **Subtotal Equipment/Property** |  |  |
| 6. Subcontract Services |  |  |
|  |  |  |
| **Subtotal Subcontract Services** |  |  |
|  |  |  |
| **7. Subtotal Costs (Sum Lines 1. – 6.)** |  |  |
| 1. Fixed G&A Expense or Material Handling Charge,   if applicable |  |  |
| **9. Total Invoice Cost Claim Amount** **(Sum Lines 7. & 8.)** |  |  |
| 10. Less       % Direct Labor Retention | <     > | <     > |
| **11. Total Payment Amount Due** |  |  |
| **12. Location of Services** | **State:**       **Hours:**       **$**  **State:**       **Hours:**       **$** | |

**INVOICE FOR T&M PURCHASES AND SERVICES**

## INSTRUCTIONS FOR PREPARATION

SUPPORTING DATA FOR THIS INVOICE PROVIDED IN YOUR NORMAL ACCOUNTING FORMAT

MUST BE ATTACHED TO THIS INVOICE.

**Submit to:** Lawrence Livermore National Laboratory

SASS Group, Mail Code L-650 • P.O. Box 5012 • Livermore, CA 94551

All invoices shall be submitted on a monthly basis. In order to process your invoices and initiate payment in a timely manner, an INVOICE FOR T&M PURCHASES AND SERVICES must be prepared completely and accurately for each request for payment. Your standard invoice form providing similar information may be used in lieu of this Invoice Form. Supporting data for the INVOICE must be attached, which may be in your company's normal accounting data format; however, the data must adequately support your claim consistent with the requirements specified below.

The following identifies the required supporting documentation for the INVOICE:

**(1)** **Direct Labor** Itemize, list and describe Direct Labor by the applicable Labor Category and Fully Burdened Fixed Hourly Rate specified in the Subcontract. Include the applicable period labor distribution report or copies of time cards/time sheets.

**(2) Materials and Supplies** Itemize, list and describe purchased material and associated costs, and attach supporting documentation.

**(3)** **Travel** Lodging, meals and incidental expenses claimed shall be in accordance with the Federal Travel Regulations rate guidelines as stated in the Federal Acquisition Regulations **or** other guidelines specified in the Subcontract or Purchase Order.

In accordance with the Subcontract or Purchase Order, provide copies of receipts for **all** airfare, hotel, and rental car expenses. Also provide receipts for public ground transportation, parking fees and other miscellaneous expenses that exceed $75.

**(4)** **Other Direct Costs** Itemize, list and describe costs, and attach supporting documentation.

**(5)** **Equipment/Property** Itemize, list and describe equipment and/or property acquired under the Subcontract or Purchase Order and include associated costs.

Complete the Property Identification List, if applicable. Include the name of the manufacturer, model number, serial number, date the property was acquired, dollar value of the property or equipment, and LLNL or DOE number on the property or equipment, if applicable.

**NOTE**: LLNS Contract Analyst approval may be required prior to the purchase of property or equipment.

**(6) Subcontract Services** Itemize, list and describe services, and attach supporting documentation.

**(7) Fixed G&A Expense or** Identify the Subcontract rateused and the applicable base.

**Material Handling Charge**

**(8)** **Direct Labor Retention** Multiply the total Direct Labor claimed by the Subcontract retention rate specified.

**(9) Total Payment Amount Due** Subtract the Direct Labor Retention amount from the Total Invoice Cost Claim Amount.

**(10)** **Location of Services** Separately identify (by state) the amount(s) being invoiced for work performed in each state and include hours and dollars. If work was only performed in one state, indicate accordingly. Attach a separate document if more space is needed.