

Cost Reimbursement- Invoice Format Example

ABC Company
 Attn:
 7777 Hilltop Blvd.
 Anytown, USA 12345
 Ph: (000) 000-0000

Invoice date: XX/XX/XXXX
 Invoice No.: 8675309
 Subcontract No.: SC-XX-XXX
 Billing Performance
 Period: XX/XX/XXXX -
 XX/XX/XXXX

Payment Terms: Net 30

Bill To: Invoiceinbox@ameslab.gov
 Ames Laboratory
 Attn: Accounts Payable
 224 TASF
 Ames, IA 50011-3020

Cost Description	CURRENT BILLING PERIOD				CUMULATIVE COST			
	PROJECT X X.X.X	PROJECT Y X.X.X	Ames		PROJECT X X.X.X	PROJECT Y X.X.X	Ames Lab Amount	Total Amount
			Lab Amount	Total Amount				
Direct Labor (Personnel)	\$	\$	\$	\$	\$	\$	\$	\$
Fringe Benefits-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Sub-total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Materials & Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Ames Lab Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Domestic Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Foreign travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Subcontract Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Direct Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Direct Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indirect Cost %	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL COSTS	\$	\$	\$	\$	\$	\$	\$	\$

*I certify that this invoice is correct and proper for payment, and reimbursement for these costs has not and will not be received under any other Government contract or subcontract or other source of Government funds.

 Authorized Signature

 Date