



UNIVERSITY OF CALIFORNIA
LAWRENCE BERKELEY NATIONAL LABORATORY

- For One-Time Request: fill out Sections 1 & 2
- For Recurring Request: fill out Sections 2 & 3

REQUEST FOR PREPARATION OF MISCELLANEOUS INVOICE

Send Request Form to: ARHelp@lbl.gov by the 20th of the Month

Section 1 - Fill out only for One-Time (Non-Recurring) Request.

Quantity	Description of Item to be Billed	Amount to be Billed
		Total:

Section 2 - Required for ALL Requests (One Time & Recurring).

Project ID (Not WFO Project):	<input type="text"/>	Activity ID:	<input type="text"/>	Requested by:	<input type="text"/>
Fund Code:	<input type="text"/>	Org Unit:	<input type="text"/>	Telephone:	<input type="text"/>
Purchase Order #:	<input type="text"/>			Fax:	<input type="text"/>
				Date of Request:	<input type="text"/>

Billing Address (No more than 5 lines):

Company Name:	<input type="text"/>	Billing Contact Person:	<input type="text"/>
Attention:	<input type="text"/>	Contact Person Phone:	<input type="text"/>
Street Address:	<input type="text"/>	Contact Person Email:	<input type="text"/>
City, State, Zip:	<input type="text"/>	Optional: Country:	<input type="text"/>

Section 3 - Fill out for Recurring invoice request only.

Invoicing Beginning Date:	<input type="text"/>
Invoicing End Date:	<input type="text"/>
Total Amount to be Invoiced:	<input type="text"/>

Description:	<input type="text"/>
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For Bestowment Funds (Excess Compensation)

If requesting invoice for Bestowment Funds, please fill out Section I and Section II and provide project begin/end date, primary award number, and total excess compensation charged.

<input type="text"/>
