

**INVOICE**

NAME

ADDRESS

CITY, STATE, &amp; ZIP CODE

PHONE NUMBER

**BILL TO:** SAIC-Frederick, Inc.  
P. O. Box B  
Frederick, MD 21702-1201  
Attn: Accounts Payable

Invoice #: \_\_\_\_\_  
Invoice Date: \_\_\_\_\_  
P. O. #: \_\_\_\_\_  
Payment Terms: \_\_\_\_\_

Service					
Date	Hours	Description	Location	performed for	Fee

Total Due: \$ -

Is this a final invoice? Yes / No

Consultant Signature:

Date:

Prepared by:

Date:

**THIS INVOICE HAS BEEN REVIEWED FOR TIME EXPENDED, NATURE OF THE WORK  
AND RECEIPT OF THE DELIVERABLES AND IS APPROVED FOR PAYMENT.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Approving Official)