ORAU Subcontract Number: _____ _____ Invoice Number / Invoice Date: _____ / _____ *Other Information*	**BILLING PERIOD** Begin Date: _____ End Date: _____ **Your Company Name** Street Address City, ST Zip Code Phone Fax	**Invoice Format – Appendix A** Labor Details for Time and Material / Labor Hour Subcontracts **Address To:** Oak Ridge Associated Universities Attn: Disbursements Office PO Box 117 Oak Ridge, TN 37831-0117

Line Item	Employer	Employee	Employee ID	Labor Classification	Labor Rate	Invoice Hours	Invoice Charge
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
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							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
					TOTAL:	**0.00**	**0.00**