INVOICE AND CERTIFICATION FOR CONSULTING SERVICES

Date:			
Consultant Contract No	Hourly Billing Rate:		
CLIN 1:	CLIN 2:	CLIN 3	:
Billing Period of Performance:		(e.g. January 1, 2022 thi	rough January 31, 2022)
I hereby request payment for t	he following CLIN(s	s)** pursuant to my Contra	act:
CLIN 1 Consultant services of	hour(s)	CLIN 1 Labor sub-total	
CLIN 2 Consultant services of	hour(s)	CLIN 2 Labor sub-total	
CLIN 3 Consultant services of *Add additional CLINS on separate sh		CLIN 3 Labor sub-total	
	Sub-Total	Labor all CLINs	
	rth on the Travel Extation, car rentals, h	kpense Statement attache	d hereto. (Attach per the Contract
	Sub-Total Tra	ivei & ODC 5 all CLINS p	
Sub-Total CLIN 1 costs: Sub-Total CLIN 2 costs: Sub-Total CLIN 3 costs:		otal Invoice Amount \$_	
I certify that this invoice and at consulting services performed expenses claimed in connection has not been made and will no knowledge and belief no salary Government contract or Government	during the billing per on therewith under to the accepted from y or other expenses	eriod of performance indic he specified Contract; tha any other source; and tha have been or will be cha	cated above and at payment therefore at to the best of my rged to any other
Consultant's Signature:			
Consultant's Name (please pri	nt):		
Mail Remittance to (address):			

Note: APL CONSULTANT ACTIVITY REPORT, or comparable report, must be completed and attached in order for this invoice to be paid.

APL CONSULTANT ACTIVITY REPORT

Date:	
Consultant C	ontract No.:
	Name:
with the INV	report, or comparable report, must be completed and submitted along DICE AND CERTIFICATION FOR CONSULTING SERVICES in order for se rendered. Please provide as much detail as possible.
<u>Date</u>	Hours Work Location; Services Provided; Contributions Made
Total:	hours
Benefit to A	<u>'L</u>

SAMPLE APL CONSULTANT ACTIVITY REPORT

Date:	
Consultant Contract No.:	
Consultant's Name:	

NOTE: This report, or comparable report, must be completed and submitted along with the INVOICE AND CERTIFICATION FOR CONSULTING SERVICES in order for payment to be rendered. <u>Please provide as much detail as possible</u>. Sample report data is provided below in italics.

<u>Date</u>	<u>Hour</u>	s; Work Location; Services Provided; Contributions Made
1/2/2012	8	Space Department Office, Johns Hopkins University Applied Physics Laboratory (APL), Laurel, MD: Meeting with (list attendees names) to review program plan and schedule for Near Earth Asteroid Rendezvous (NEAR) program.
1/4/2012	8	XYZ Consulting Office, Towson, MD: Studied NEAR schedule with special focus on critical path integration and test (I&T) activities. Prepared formal recommendations for accelerating I&T activities in PowerPoint format for presentation scheduled for 8 January 2012.
1/8/2012	4	NEAR program, JHU/APL, Laurel, MD: Presented formal recommendations concerning NEAR program plan and schedule. Addressed questions on I&T acceleration recommendations. Provided insight into options for accelerated thermal testing.

Total: 20 hours

Benefit to APL

During this period my principal activities were to study the NEAR program plan and schedule. NEAR faces significant schedule risk due to delays in instrument deliveries to APL, resulting in delays in commencement of I&T activities, and impending NEAR launch date. I&T activities must be compressed without compromising quality standards or eliminating tests. I analyzed test plans and requirements; requested and analyzed information on APL test facilities; and made recommendations for accelerated I&T, focusing on parallel thermal testing activities. My recommendations, if implemented, make it possible for APL to complete I&T in May 2012.