

INVOICE AND CERTIFICATION FOR CONSULTING SERVICES

Invoice Identifying Information

Invoice Date: _____ PO Number: _____ Hourly Billing Rate: _____
 Consultant Name: _____
 Billing Period Start Date: _____ Billing Period End Date: _____

Subcontract CLIN Numbers

CLIN01: _____ CLIN02: _____ CLIN03: _____

*I hereby request payment for **LABOR** on the following CLIN(s):
 Input the amount of hours by CLIN below. Subtotal amount is calculated based on the hourly billing rate listed above*

CLIN 01 Consultant services of _____	hour(s)	CLIN 01 Labor subtotal: _____
CLIN 02 Consultant services of _____	hour(s)	CLIN 02 Labor subtotal: _____
CLIN 03 Consultant services of _____	hour(s)	CLIN 03 Labor subtotal: _____

Sub-Total Labor all CLINs: \$ _____

*I hereby request payment for **TRAVEL & Other Direct Costs (ODCs)** on the following CLIN(s):
 List the amount of expenses by CLIN in each field below. Attach copies of receipts for transportation, car rentals, hotels, for items over \$75 per the Contract terms to the Travel Expense Statement.*

CLIN01: _____ CLIN02: _____ CLIN03: _____

Sub-Total Travel & ODCs all CLINs: \$ _____

Total Invoiced by CLIN

Calculation based on the sum of labor, travel, and ODCs outlined on the previous page

CLIN01: _____ CLIN02: _____ CLIN03: _____

Total Invoice Amount: _____

By signing below, I certify that this invoice and attached activity report represents a full and complete claim for consulting services performed during the billing period of performance indicated above and expenses claimed in connection therewith under the specified Contract; that payment therefore has not been made and will not be accepted from any other source; and that to the best of my knowledge and belief no salary or other expenses have been or will be charged to any other Government contract or Government activity while performing said consulting services.

Certifying Signature: _____ Date: _____
 Printed Name: _____
 Remit to / Mailing Address: _____

Important Notes:

- An APL Consultant Activity Report, or comparable report, must be completed and attached in order for this invoice to be paid; template included on page 03 for reference
- **No Controlled Unclassified Information (CUI), including Covered Defense Information (CDI) or Federal Contract Information (FCI), is to be submitted with the invoice**

