

ARCTIC RESEARCH EXPEDITION

Station Alpha, Svalbard Archipelago
Logistics & Operations Division

INVOICE NO: _____
DATE: _____
EXPEDITION ID: _____

BILL TO

[Institution/Organization Name]
[Department/Principal Investigator]
[Street Address]
[City, Country, Postcode]

MISSION DETAILS

Vessel/Base: _____
Deployment Date: _____
Coordinates: _____

RESOURCE / SERVICE DESCRIPTION	UNITS/DAYS	RATE	AMOUNT
Icebreaker Charter / Transit Fees			
Extreme Environment Gear Rental			
Satellite Uplink & Telemetry Data			
Laboratory Container Usage (Clean Room)			

RESOURCE / SERVICE DESCRIPTION

UNITS/DAYS

RATE

AMOUNT

Field Support Personnel / Guide Services

Subtotal: \$ _____

Permit/Admin Fees: \$ _____

TOTAL DUE: \$ _____

PAYMENT NOTES

Please include Expedition ID with wire transfer. All amounts in USD. Net 30 terms apply from date of disembarkation.

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