

MARINE BIOLOGY EXPEDITION

Institute of Oceanic Research
122 Deep Sea Way
Coastal Hub, MAR 4402

Invoice # [0000]
Date: [Month Day, Year]
Expedition ID: [EXP-000]

BILL TO:

[Client Name / Organization]
[Street Address]
[City, State, Zip]

VESSEL / SITE:

[Vessel Name or Research Station]
[Coordinates / Location]
[Lead Scientist Name]

Description	Qty/Days	Unit Cost	Total
Vessel Charter & Fuel	[0]	\$0.00	\$0.00
Specialized Diving Equipment Rental	[0]	\$0.00	\$0.00
Sample Analysis & Lab Processing	[0]	\$0.00	\$0.00

Description	Qty/Days	Unit Cost	Total
Technical Support & Crew Personnel	[0]	\$0.00	\$0.00

Subtotal: \$0.00

Permit Fees: \$0.00

Total Amount Due: \$0.00

Payment Terms: Due within 30 days of invoice date.
Please include Expedition ID on all wire transfers and correspondence.