

INVOICE

Contractor Name
DUNS/UEI: [Number]
CAGE Code: [Code]

Invoice #: [0000]
Date: [MM/DD/YYYY]
Period of Performance:
[Start] - [End]

GOVERNMENT AGENCY (TO)

[Agency Name]
[Department/Office]
[Address]
[City, State, Zip]

CONTRACT INFORMATION

Contract No: [IDV/Contract #]
Order No: [Task/Delivery Order]
CLIN/SLIN: [Item Number]

| CLIN | Description of Services/Supplies | Qty | Unit | Unit Price | Total |
|--------|----------------------------------|--------|---------|------------|------------|
| [0001] | [Service or Product Name] | [0.00] | [EA/HR] | [\$[0.00]] | [\$[0.00]] |
| [0002] | [Service or Product Name] | [0.00] | [EA/HR] | [\$[0.00]] | [\$[0.00]] |

Subtotal: \$[0.00]

Total Amount Due: \$[0.00]

PAYMENT INSTRUCTIONS (EFT/ACH)

Bank Name: [Name]
Routing #: [Number]

Account #: [Number]
Remit To: [Contractor Address]

Certification: I certify that the above bill is correct and just and that payment has not been received.

Authorized Signature & Title