**SANDIA/NTESS RETIREE INVOICING TEMPLATE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Retiree Name (as stated in the subcontract)Remit Address:[Street Address][City, ST ZIP Code] Phone: [Phone Number] | INVOICE

|  |
| --- |
| Invoice # |
| Invoice PERIOD |
| (Invoice period should reflect dates worked for which billing applies) |

 |
|  |
| Bill To:Sandia National Laboratories (SNL)Accounts Payable MS 1385PO Box 5800Albuquerque, NM 87185**ALL FIELDS ON FORM ARE REQUIRED IF APPLICABLE** | For:P.O. # Period of Performance: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DATE(S) | PO Line # | detailed DESCRIPTION of work that was performed | HOURS  | RATE | AMOUNT |
|  | 1 |  |  |  |  |
|  | 1 |  |  |  |  |
|  | 1 |  |  |  |  |
|  | 1 |  |  |  |  |
|  | 1 |  |  |  |  |
|  | **TOTAL HOURS** |  | **SUBTOTAL PO LINE 1** |  |

**ONLY IF APPLICABLE**

|  |  |  |  |
| --- | --- | --- | --- |
| DATE(S) | PO Line # | TRAVEL/other DESCRIPTION (Include receipts, mileage logs, other supporting documentation) | AMOUNT |
|  | 2 |  |  |
|  | 2 |  |  |
|  | 2 |  |  |
|  | 2 |  |  |
|  |  |  | **SUBTOTAL PO LINE 2** |  |

|  |  |
| --- | --- |
| **TOTAL DUE** |  |