**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 1385  PO Box 5800  Albuquerque, 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** |  |