SAVE AS

PRINT PLEASE

SUBCONTRACTOR'S INVOICE FOR TRAVEL AND/OR SERVICES

ATTN: ACCOUNTS PAYABLE DEPARTMENT
P.O. BOX 2004, OAK RIDGE, TENNESSEE 37831-8265

NAME STREET CITY *Please check if address has changed since last billing:* ☐	DATE	SUBCONTRACT NO.
	INSTALLATION VISITED	
	PERSON(S) CONTACTED	

NOTICE: USE OF FIRST CLASS PLANE SPACE MUST BE EXPLAINED BELOW.

DATE	DEPARTED FROM	TIME	ARRIVED AT	TIME	MEANS OF TRANS.	AMOUNT CLAIMED

MEALS AND INCIDENTAL EXPENSES	(	Days at	Per Day) 0.00
LODGING			
OTHER EXPENSES (Please List)			
TOTAL TRAVEL EXPENSES			0.00

FEES

DATE SERVICES RENDERED	RATE	
TOTAL FEE		0.00
(DEDUCT) PREPAYMENTS/ADVANCES MADE BY B&W Y-12, LLC	*(Use the hyphen when entering a negative number.)*	( )
GRAND TOTAL (TRAVEL PLUS TOTAL FEE LESS DEDUCTIONS)		0.00

1. COMPLETE IF PERSONAL CAR USED

AUTOMOBILE LICENSE NUMBER | REGISTRATION STATE OF | MILEAGE

Miles per Rand McNally

2. EXPLANATION IF FIRST CLASS PLANE USED:

3. IDENTIFICATION OF PREPAYMENTS/ADVANCES MADE BY B&W Y-12, LLC

FOR COMPANY USE ONLY

days services are hereby approved.

days service and travel invoiced are hereby approved.

Cost Center or
WBS Element _____

Signature
of Approver _____ Date _____

CERTIFICATION: I certify that the above claim is just and true in all respects and that no invention or discovery, not heretofore reported by me, has been made or conceived by me during or in connection with the rendering of the above services, unless specifically noted on the reverse side of this form or on an attachment hereto.

_____
Subcontractor Signature

INFORMATION FOR COMPLETION OF INVOICE FOR SERVICES AND/OR TRAVEL FOR SUBCONTRACTOR

When billing for services rendered, fill out Form UCN-6573 with ballpoint pen, typewriter , or electronic fill-in and forward it **ALONG WITH REQUIRED RECEIPTS** (See Subcontract Provisions) to B&W Y-12, LLC as applicable, P.O. Box 2004, Oak Ridge, Tennessee 37831-8265, Attention: Accounts Payable Department. After receipt, the Company will reimburse services and allowable expenses. To assist you in preparing Form UCN-6573, shown below is a completed example together with pertinent explanations and information.

A. TRANSPORTATION

1. AIRPLANE: (See Subcontract Provisions) Government regulations require the use of less than first class accommodations if such accommodations are available and meet the schedule requirements of the traveler. **If first class accommodations are used, the reason must be shown on Form UCN-6573.**

2. PERSONALLY-OWNED AUTOMOBILE: (See Subcontract Provisions) Rate allowed by your subcontract, based on shortest mileage shown on Rand-McNally Road Map or on actually reported speedometer readings, but limited to 10% in excess of the shortest mileage shown on the map.

(EXAMPLE)

B&W Y-12 technical services LLC

SUBCONTRACTOR'S INVOICE FOR TRAVEL AND/OR SERVICES

ATTN: ACCOUNTS PAYABLE DEPARTMENT
P.O. BOX 2004, OAK RIDGE, TENNESSEE 37831-8265

NAME
STREET
CITY
Please check if address has changed since last billing:

DATE | SUBCONTRACT NO.
PERSON(S) CONTACTED

NOTICE: USE OF FIRST CLASS PLANE SPACE MUST BE EXPLAINED BELOW.

DATE	DEPARTED FROM	TIME	ARRIVED AT	TIME	MEANS OF TRANS.	AMOUNT CLAIMED

MEALS AND INCIDENTAL EXPENSES (Days at Per Day)	
LODGING	
OTHER EXPENSES (Please List)	
TOTAL TRAVEL EXPENSES	

FEES

DATE SERVICES RENDERED	RATE	
TOTAL FEE		
(DEDUCT) PREPAYMENTS/ADVANCES MADE BY B&W Y-12, LLC		
GRAND TOTAL (TRAVEL PLUS TOTAL FEE LESS DEDUCTIONS)		

1. COMPLETE IF PERSONAL CAR USED

AUTOMOBILE LICENSE NUMBER	REGISTRATION STATE OF	MILEAGE
		Miles per Rand McNally

2. EXPLANATION IF FIRST CLASS PLANE USED:
3. IDENTIFICATION OF PREPAYMENTS/ADVANCES MADE BY B&W Y-12, LLC

FOR COMPANY USE ONLY
_____ days services are hereby approved.
_____ days service and travel invoiced are hereby approved.

Cost Center or WBS Element _____
Signature of Approver _____ Date _____

CERTIFICATION: I certify that the above claim is just and true in all respects and that no invention or discovery, not heretofore reported by me, has been made or conceived by me during or in connection with the rendering of the above services, unless specifically noted on the reverse side of this form or on an attachment hereto.

_____

UCN-6573 (6-10)

3. TAXI: Usage of this type of transportation should be limited to that which is most economically advantageous to accomplish the official purpose of the trip. Receipt requirements are set forth in your subcontract.

B. FEE

In consideration of service performed, payment is made in accordance with the terms of your subcontract.

C. MEALS AND INCIDENTAL EXPENSES (M&IE)

Allowance for meals and incidental expenses is made by payment of a fixed daily allowance in effect at the time of travel as specified in your subcontract. The daily computation is based on the calendar day (midnight to midnight). The day is divided into quarters (12-6; 6-12; 12-6; and 6-12), and allowance is made for each individual quarter or fraction thereof during which the individual is in travel status. The importance of showing correct time and dates for departures and arrivals is emphasized since this is the basis for computing your M&IE allowance.

D. LODGING EXPENSE ALLOWED

The single rate cost of lodging is allowed. In case of multiple occupancy of a lodging unit with members of the immediate family, the expense allowed is the single rate for the lodging unit.

E. RECEIPTS REQUIRED

(Tips are not reimbursable, this cost is to be absorbed in the M&IE allowance).

1. Airplane

2. Items in excess of $ 75.00 such as baggage transfer, excess baggage, parking fees, toll charges, taxi and limousine fares, etc. (Reimbursement will be limited to $ 75.00 for any item not supported by a receipt.)

3. Lodging accommodations. Receipts must show the single rate cost of lodging.