

SUBCONTRACTOR'S INVOICE FOR TRAVEL AND/OR SERVICES

	09, OAK RIDGE, TENNESSEE 37831-82	200	DATE S	UBCONTRACT N	ີ		
NAME			DATE	ODOONTHACTIN	J.		
STREET CITY			INSTALLATION VISITED				
	NOTICE: USE O	F FIRST CLASS PLAN	E SPACE MUST BE EXPLA	INED BELOW.			
DATE	DEPARTED FROM	TIME	ARRIVED AT	TIME	MEANS OF TRANS.	AMOUNT CLAIMED	
MEALS AND			(Days a	t	Per Day)		
LODGING							
OTHER EXP	ENSES (Please List)						
TOTAL TRAV	VEL EXPENSES						
	DATE SERVICES RENDERED		EES R	ATE			
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TOTAL FEE						,	
	REPAYMENTS/ADVANCES MADE BY C TAL (TRAVEL PLUS TOTAL FEE LESS D		EAR SECURITY, LLC			(
1. COMPLETE IF	PERSONAL CAR USED						
AUT	OMOBILE LICENSE NUMBER	REGISTRAT	TION STATE OF		MILEAGE	es per Rand McNally	
	IF FIRST CLASS PLANE USED: TION OF PREPAYMENTS/ADVANCES MADE B'	YCNS			IVIIIC	es per riand incivally	
	FOR COMPANY USE ONL	_Y	CERTIFICATION: I				
	days services are hereby approved.		true in all respects and that no invention or discovery, not heretofore reported by me, has been made or conceived by				
	days service and travel invoiced are h	nereby approved.	me during or in connection with the rendering of the above services, unless specifically noted on the reverse side of this				
Cost Cent	ter or ment		form or on an attach	ment hereto.		Side dide di tilla	
Signature							
of Approv	er Da	ate	S	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 Consolidated Nuclear Security, LLC (CNS) as a pplicable, 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) R ate 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.

Managed a onsolidated Nucl ATTN: ACCOL	Security Complex and Operated by ear Security, LLC JUNTS PAYABLE DEPARTMENT 9, OAK RIDGE, TENNESSEE 37831-		ACTOR'S INVOICE	FOR TRA	VEL AND/C	R SERVICE		
NAME			DATE	SUBCONTRACT N	0.			
STREET			INSTALLATION VISITED					
CITY			PERSON(S) CONTACTED					
Please ched	ck if address has changed since las							
			NE SPACE MUST BE EXPLA		MEANS OF	AMOUNT		
DATE	DEPARTED FROM	TIME	ARRIVED AT	TIME	TRANS.	CLAIMED		
				_				
MEALS AND	INCIDENTAL EXPENSES		(Days a	at	Per Day)			
LODGING								
JIHER EXPE	ENSES (Please List)							
TOTAL TRAV	EL EXPENSES							
	DATE OFFICE CT.		FEES					
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(EXAMPLE)

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.