

Cost Share Type- Invoice Format Example

ABC Company
 Attn:
 7777 Hilltop Blvd.
 Anytown, USA 12345
 Ph: (000) 000-0000

Invoice date: XX/XX/XXXX
 Invoice No.: 8675309
 Subcontract No.: SC-XX-XXX
 Billing Performance
 Period: XX/XX/XXXX -
 XX/XX/XXXX
 Payment Terms: Net 30

Bill To: Invoiceinbox@ameslab.gov
 Ames Laboratory
 Attn: Accounts Payable
 224 TASF
 Ames, IA 50011-3020

| Cost Description | CURRENT MONTH COSTS | | | CUMULATIVE COST | | |
|---------------------------|-----------------------|---------------|-------------------|--------------------|---------------|-------------------|
| | Ames Lab Amount | ABC Amount | Total Amount | Ames Lab Amount | ABC Amount | Total Amount |
| Direct Labor (Personnel) | \$ | \$ | \$ | \$ | \$ | \$ |
| Fringe Benefits-% | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Sub-total | | <u>\$0.00</u> | <u>\$0.00</u> | <u>\$0.00</u> | <u>\$0.00</u> | <u>\$0.00</u> |
| Materials & Supplies | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| ABC Equipment | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Ames Lab Equipment | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Travel | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Other Direct Costs | <u>\$0.00</u> | <u>\$0.00</u> | <u>\$0.00</u> | <u>\$0.00</u> | <u>\$0.00</u> | <u>\$0.00</u> |
| Total Direct Costs | <u>\$0.00</u> | <u>\$0.00</u> | <u>\$0.00</u> | <u>\$0.00</u> | <u>\$0.00</u> | <u>\$0.00</u> |
| Indirect Cost % | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| TOTAL COSTS | \$ | \$ | \$ | \$ | \$ | \$ |
| ABC Share | ##% | | < <u>\$0.00</u> > | | | < <u>\$0.00</u> > |
| Ames Lab Share | ##% | | \$ | | | \$ |

*I certify that this invoice is correct and proper for payment, and reimbursement for these costs has not and will not be received under any other Government contract or subcontract or other source of Government funds.

 Authorized Signature

 Date