LAWRENCE LIVERMORE NATIONAL LABORATORY

VOUCHER FORM & INSTRUCTIONS

COST NO FEE

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| VOUCHER FOR PURCHASES AND SERVICES | | | | | **VOUCHER NO.:** | |
| Subcontract No.: | Subcontract Term  Start Date:  Completion Date: | Date Voucher Prepared: | | TO:  Lawrence Livermore National Laboratory  Attention: SASS Group, L-650  Address: P.O. Box 5012  Livermore, CA 94551 | | |
| fROM:  Subcontractor:  Attention:  Address: | | | REMIT TO:  Subcontractor:  Attention:  Address: | | | |
| Discount Terms: | | | Date Received: | | | Date Paid: |
| For the Period  From:  Through: | | | **VOUCHER SUMMARY** | | | |
| (Instructions Note) | | | Current Amount Claimed  (From Detail Sheet - Page 2) | | | Cumulative Amount Claimed |
| 1. Subtotal Direct Labor (1) | | |  | | |  |
| 2. Subtotal Overhead/Fringe (2) | | |  | | |  |
| 3. Subtotal Materials and Supplies (3) | | |  | | |  |
| 4. Subtotal Travel (4) | | |  | | |  |
| 5. Subtotal Other Cost Pools (2) | | |  | | |  |
| 6. Subtotal Other Direct Costs (5) | | |  | | |  |
| 7. Subtotal Equipment/Property (6) | | |  | | |  |
| 8. Subtotal Subcontract Services (7) | | |  | | |  |
| **9. Subtotal Costs (Sum Lines 1. – 8.)** | | |  | | |  |
| 10. General & Administrative (G&A) Expense (2) | | |  | | |  |
| **11. Total Costs (Sum Lines 9. & 10.)** | | |  | | |  |
| 12. Facilities Capital Cost of Money (FCCM) (8) | | |  | | |  |
| **13.** **Total Amount Claimed** | | |  | | |  |

CERTIFICATION: I hereby certify this invoice is correct and in accordance with the terms of the Subcontract and the costs included herein have been incurred, represent payments made by the Subcontractor, except as otherwise authorized in the payments provisions of the Subcontract, and properly reflect the work performed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | |
| (Signature) | |  | (Title) | |
| Date: |  |  | Telephone: |  |

|  |  |  |
| --- | --- | --- |
| VOUCHER FOR PURCHASES AND SERVICES **DETAIL SHEET** | | |
| For the Period  From:  Through: | | **VOUCHER NO.:**  Subcontract No.: |
| **Supporting data/documents must be attached.** | Current Amount Claimed | Cumulative Amount Claimed |
| 1. a. Direct Labor – On-site |  |  |
| b. Direct Labor – Home Office |  |  |
| **Subtotal Direct Labor** |  |  |
| 2. a. Overhead/Fringe – On-site (      % of 1. a.) |  |  |
| b. Overhead/Fringe – Home Office (      % of 1. b.) |  |  |
| **Subtotal Overhead/Fringe** |  |  |
| 3. a. Materials and Supplies (Subject to G&A) |  |  |
| b. Materials and Supplies (Non-G&A) |  |  |
| **Subtotal Materials and Supplies** |  |  |
| 4. a. Travel (Subject to G&A) |  |  |
| b. Travel (Non-G&A) |  |  |
| **Subtotal Travel** |  |  |
| 5. a. Other Cost Pool (Subject to G&A) |  |  |
| (specify) |  |  |
| b. Other Cost Pool (Non-G&A) |  |  |
| (specify) |  |  |
| **Subtotal – Other Cost Pool** |  |  |
| 6. a. Other Direct Costs (Subject to G&A) |  |  |
| b. Other Direct Costs (Non-G&A) |  |  |
| **Subtotal Other Direct Costs** |  |  |
| 7. a. Equipment/Property (Subject to G&A) |  |  |
| b. Equipment/Property (Non-G&A) |  |  |
| **Subtotal Equipment/Property** |  |  |
| 8. Subcontract Services |  |  |
| **9. Subtotal Costs (Sum Lines 1. – 8.)** |  |  |
| 10. G&A Expense |  |  |
| **11. Total Costs (Sum Lines 9. & 10.)** |  |  |
| 12. FCCM |  |  |
| **13. Total Amount Claimed** |  |  |
| **14. Location of Services** | **State:**       **Hours:**       **$**  **State:**       **Hours:**       **$** | |

**VOUCHER FOR PURCHASES AND SERVICES**

## INSTRUCTIONS FOR PREPARATION

SUPPORTING DATA FOR THIS VOUCHER PROVIDED IN YOUR NORMAL ACCOUNTING FORMAT

MUST BE ATTACHED TO THIS VOUCHER.

**Submit to:** Lawrence Livermore National Laboratory

SASS Group, Mail Code L-650 • P.O. Box 5012 • Livermore, CA 94551

All invoices shall be submitted on a monthly basis. In order to process your invoices and initiate payment in a timely manner, a VOUCHER FOR PURCHASES AND SERVICES must be prepared completely and accurately for each request for payment. U.S. Government’s Standard Form 1034 or your standard voucher or invoice form providing similar information may be used in lieu of this Voucher Form. Supporting data for the VOUCHER must be attached, which may be in your company's normal accounting data format; however, the data must adequately support your claim consistent with the requirements specified below.

The following identifies the required supporting documentation for the VOUCHER:

**(1)** **Direct Labor** Itemize, list and describe Direct Labor by the applicable Labor Category and Direct Labor Cost. Include the applicable period labor distribution report or copies of time cards/time sheets.

**(2)** **Overhead, G&A &** Identify rate and applicable bases.

**Other Cost Pools**

**(3) Materials and Supplies** Itemize, list and describe purchased material and associated costs, and attach supporting documentation.

**(4)** **Travel** Lodging, meals and incidental expenses claimed shall be in accordance with the Federal Travel Regulations rate guidelines as stated in the Federal Acquisition Regulations **or** other guidelines specified in the Subcontract or Purchase Order.

In accordance with the Subcontract or Purchase Order, provide copies of receipts for **all** airfare, hotel and rental car expenses. Also provide receipts for public ground transportation, parking fees and other miscellaneous expenses that exceed $75.

**(5)** **Other Direct Costs** Itemize, list and describe costs, and attach supporting documentation.

**(6)** **Equipment/Property** Itemize, list and describe equipment and/or property acquired under the Subcontract or Purchase Order and include associated costs.

Complete the Property Identification List, if applicable. Include the name of the manufacturer, model number, serial number, date the property was acquired; dollar value of the property or equipment, LLNL or DOE number on the property or equipment, if applicable.

**NOTE**: LLNS Contract Analyst approval may be required prior to the purchase of property or equipment.

**(7) Subcontract Services** Itemize, list and describe services, and attach supporting documentation.

**(8)** **Location of Services** Separately identify (by state) the amount(s) being invoiced for work performed in each state and include hours and dollars. If work was only performed in one state, indicate accordingly. Attach a separate document if more space is needed.