INVOICE/FINANCING REQUEST INSTRUCTIONS
FOR NIH COST-REIMBURSEMENT TYPE CONTRACTS, NIH(RC)-1

Format: Submit payment requests on the Contractor's self-generated form in the manner and format prescribed herein and as illustrated in the Sample Invoice/Financing Request. Standard Form 1034, Public Voucher for Purchases and Services Other Than Personal, may be used in lieu of the Contractor's self-generated form provided it contains all of the information shown on the Sample Invoice/Financing Request. DO NOT include a cover letter with the payment request.

Number of Copies: Submit payment requests in the quantity specified in the Invoice Submission Instructions in Section G of the Contract Schedule.

Frequency: Payment requests shall not be submitted more frequently than once every two weeks in accordance with the Allowable Cost and Payment Clause incorporated into this contract. Small business concerns may submit invoices/financing requests more frequently than every two weeks.

Cost Incurrence Period: Costs incurred must be within the contract performance period or covered by precontract cost provisions.

Billing of Costs Incurred: If billed costs include (1) costs of a prior billing period, but not previously billed, or (2) costs incurred during the contract period and claimed after the contract period has expired, the Contractor shall cite the amount(s) and month(s) in which the costs were incurred.

Contractor's Fiscal Year: Prepare payment requests in such a manner that the Government can identify costs claimed with the Contractor's fiscal year.

Currency: All NIH contracts are expressed in United States dollars. When the Government pays in a currency other than United States dollars, billings shall be expressed, and payment by the Government shall be made, in that other currency at amounts coincident with actual costs incurred. Currency fluctuations may not be a basis of gain or loss to the Contractor. Notwithstanding the above, the total of all invoices paid under this contract shall not exceed the United States dollars authorized.

Costs Requiring Advance Approval: Costs requiring advance approval by the Contracting Officer, which are not set forth in the Contract Schedule shall be identified by the Contracting Officer's Authorization (COA) Number as a separate expenditure category on the payment request. In addition, the Contractor shall show any cost limitation or ceiling set forth in the Contract Schedule, i.e. an Advance Understanding, as a separate expenditure category on the payment request.

Invoice/Financing Request Identification: Identify each payment as either:

(a) Interim Invoice/Contract Financing Request: These are interim payment requests submitted during the contract performance period.

(b) Completion Invoice: Submit the completion invoice promptly upon completion of the work, but no later than one year from the contract completion date, or within 120 days after settlement of the final indirect cost rates covering the year in which the contract is physically complete (whichever date is later). The Contractor shall submit the completion invoice when all costs have been assigned to the contract and all performance provisions have been completed.

(c) Final Invoice: A final invoice may be required after the amounts owed have been settled between the Government and the Contractor (e.g., resolution of all suspensions and audit exceptions).

Preparation and Itemization of the Invoice/Financing Request:

The Contractor shall furnish the information set forth in the instructions below. The instructions are arranged to match the entries on the Sample Invoice/Financing Request. ***All information must be legible or the invoice will be considered improper and returned to the Contractor.***

(a) **Designated Billing Office Name and Address:** Enter the designated billing office name and address, as identified in the Invoice Submission Instructions in Section G of the Contract Schedule.

(b) **Contractor's Name, Address, Point of Contact, TIN, and DUNS or DUNS+4 Number:** Show the Contractor's name and address exactly as they appear in the contract. Any invoice identified as improper will be sent to this address. Also include the name, title, phone number, and e-mail address of the Point of Contact in case of questions. If the remittance name differs from the legal business name, both names must appear on the invoice. Provide the Contractor's Federal Taxpayer Identification Number (TIN) and Data Universal Numbering System (DUNS) or DUNS+4 number. The DUNS number must identify the Contractor's name and address exactly as stated in the contract, and as registered in the System for Award Management (SAM) database.

When an approved assignment of claims has been executed, the Contractor shall provide the same information for the assignee as is required for the Contractor (i.e., name, address, point of contact, TIN, and DUNS number), with the remittance information clearly identified as such.

(c) **Invoice/Financing Request Number:** Identify each payment request by a unique invoice number, which can only be used one time regardless of the number of contracts or orders held by an organization. For example, if a contractor has already submitted invoice number 05 on one of its contracts or orders, it cannot use that same invoice number on any other contract or order. Payment requests with duplicate invoice numbers will be considered improper and returned to the contractor.

The NIH does not prescribe a particular numbering format but suggests using a job or account number for each contract and order followed by a sequential invoice number (example: 8675309-05). Invoice numbers are limited to 30 characters. There are no restrictions on the use of special characters, such as colons, dashes, forward slashes, or parentheses.

If all or part of an invoice is suspended and the contractor chooses to reclaim those costs on a supplemental invoice, the contractor may use the same unique invoice number followed by an alpha character, such as "R" for revised (example: 8675309-05R).

(d) **Date Invoice/Financing Request Prepared:** Insert the date the payment request is prepared.

(e) **Contract Number and Order Number (if applicable):** Insert the contract number and order number (if applicable).

(f) **Contract Title:** Insert the contract title listed on the cover page of the contract and/or Section G of the Contract Schedule.

(g) **Current Contract Period of Performance:** Insert the contract start date/effective date through the current completion date of the contract.

(h) **Total Estimated Cost of Contract/Order:** Insert the total estimated cost of the contract, exclusive of fee. If billing under an order, insert the total estimated cost of the order, exclusive

of fee. For contracts/orders with options or incremental funding provisions, enter the amount currently obligated.

(i) **Total Fixed-Fee:** Insert the total fixed-fee (where applicable). For contracts/orders with options or incremental funding provisions, enter the amount currently obligated. ***Note:*** *If the contract provides for another type of Fee, i.e. Award or Incentive Fee, insert the amount available to be earned as identified in the contract and indicate the type of fee to be billed on the payment request.*

(j) **Two-Way/Three-Way Match:** Identify whether payment is to be made using a two-way or three-way match. To determine required payment method, refer to the Invoice Submission Instructions in Section G of the Contract Schedule.

(k) **Office of Acquisitions:** Insert the name of the Office of Acquisitions, as identified in the Invoice Submission Instructions in Section G of the Contract Schedule.

(l) **Central Point of Distribution:** Insert the Central Point of Distribution, as identified in the Invoice Submission Instructions in Section G of the Contract Schedule.

(m) **Billing Period:** Insert the beginning and ending dates (month, day, and year) of the period in which costs were incurred and for which reimbursement is claimed.

(n) **Amount Billed - Current Period:** Insert the amount claimed for the current billing period by major cost element, including any adjustments and fee. If the Contract Schedule contains separately priced line items, identify the contract line item(s) on the payment request and include a separate breakdown (by major cost element) for each line item.

(o) **Amount Billed - Cumulative:** Insert the cumulative amounts claimed by major cost element, including any adjustments and fee. If the Contract Schedule contains separately priced line items, identify the contract line item(s) on the payment request and include a separate breakdown (by major cost element) for each line item.

(p) **Direct Costs:** Insert the major cost elements. For each element, consider the application of the paragraph entitled "Costs Requiring Prior Approval" on page 1 of these instructions.

1) **Direct Labor:** Include salaries and wages paid (or accrued) for direct performance of the contract.

   For Level of Effort contracts only, the Contractor shall provide the following information on a separate sheet of paper attached to the payment request:

   - hours or percentage of effort and cost by labor category (as specified in the Level of Effort Article in Section F of the Contract Schedule) for the current billing period, and

   - hours or percentage of effort and cost by labor category from contract inception through the current billing period. (NOTE: The Contracting Officer may require the Contractor to provide additional breakdown for direct labor, such as position title, employee name, and salary or hourly rate.)

2) **Fringe Benefits:** List any fringe benefits applicable to direct labor and billed as a direct cost. Cite the rate(s) used to calculate fringe benefit costs, if applicable.

3) **Accountable Personal Property:** Include permanent research equipment and general purpose equipment having a unit acquisition cost of $1,000 or more, with a life expectancy of more than two years, and sensitive property regardless of cost (see the HHS *Contractor's Guide for Contract of Government Property*). Show permanent research equipment separate from general purpose equipment.

   On a separate sheet of paper attached to the payment request, list each item for which reimbursement is requested. Precede the item with an asterisk (*) if the equipment is below the $1,000 approval level. Include reference to the following (as applicable):

   - item number for the specific piece of equipment listed in the Property Schedule, and
   - Contracting Officer Authorization (COA) Number, if the equipment is not covered by the Property Schedule.

   The Contracting Officer may require the Contractor to provide further itemization of property having specific limitations set forth in the contract.

4) **Materials and Supplies:** Include equipment with unit costs of less than $1,000 or an expected service life of two years or less, and consumable material and supplies regardless of amount.

5) **Premium Pay:** List remuneration in excess of the basic hourly rate.

6) **Consultant Fee:** List fees paid to consultants. Identify consultant by name or category as set forth in the contract or Contracting Officer Authorization (COA), as well as the effort (i.e., number of hours, days, etc.) and rate billed.

7) **Travel:** Include domestic and foreign travel. Foreign travel is travel outside of the United States and its territories and possessions. However, for an organization located outside the United States and its territories and possessions, foreign travel means travel outside that country. Foreign travel must be billed separately from domestic travel.

8) **Subcontract Costs:** List subcontractor(s) by name and amount billed.

9) **Other:** List all other direct costs in total unless exceeding $1,000 in amount. If over $1,000, list cost elements and dollar amounts separately. If the contract contains restrictions on any cost element, that cost element must be listed separately.

(q) **Cost of Money (COM):** Cite the COM factor and base in effect during the time the cost was incurred and for which reimbursement is claimed.

(r) **Indirect Costs:** Identify the indirect cost base (IDC), indirect cost rate, and amount billed for each indirect cost category.

(s) **Fixed-Fee:** Cite the formula or method of computation for fixed-fee, if applicable. The fixed-fee must be claimed as provided for by the contract. ***Note:*** *If the contract provides for another type of Fee, i.e. Award or Incentive Fee, provide the same documentation for the amount claimed.*

(t) **Total Amounts Claimed:** Insert the total amounts claimed for the current and cumulative periods.

(u) **Adjustments:** Include amounts conceded by the Contractor, outstanding suspensions, and/or disapprovals subject to appeal.

(v) **Grand Totals**

(w) **Certification:** The Contractor shall include the following certification at the bottom of each payment request:

"Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment."

Note: *The contract may require additional certifications (See Invoice Submission Instructions in Section G of the Contract Schedule)*

The Contracting Officer may require the Contractor to submit detailed support for costs claimed on one or more interim payment requests.

SAMPLE INVOICE/FINANCING REQUEST

(a) Designated Billing Office Name and Address:
National Institutes of Health
Office of Financial Management
Commercial Accounts
2115 East Jefferson Street, Room 4B432, MSC 8500
Bethesda, MD 20892-8500

(b) Contractor's Name, Address, Point of Contact, TIN, and DUNS or DUNS+4 Number:
ABC CORPORATION
100 Main Street
Anywhere, U.S.A. Zip+4
Name, Title, Phone Number, and E-mail Address of Contractor's Point of Contact.
DUNS or DUNS+4: _____
TIN: _____

(c) Invoice/Financing Request No.: _____
(d) Date Invoice/Financing Request Prepared: _____
(e) Contract No. and Order No. (if applicable): _____
(f) Contract Title: _____
(g) Current Contract Period of Performance: _____
(h) Total Estimated Cost of Contract/Order: _____
(i) Total Fixed Fee (if applicable):_____
(j) Two-Way Match: ____
Three-Way Match: ____
(k) Office of Acquisitions:_____
(l) Central Point of Distribution:_____

(m) This invoice/financing request represents reimbursable costs for the period from _____ to _____.

Expenditure Category:	(n) Amount Billed Current Period	(o) Amount Billed Cumulative
(p) Direct Costs		
1) Direct Labor	$ 3,400	$ 6,800
2) Fringe Benefits _____%	600	1,200
3) Accountable Personal Property		
Permanent Research	3,000	6,000
General Purpose	2,000	2,000
4) Materials and Supplies	2,000	4,000
5) Premium Pay	100	150
6) Consultant Fee: Dr. Jones, 1 day @ $100 (COA #3)	100	100
7) Travel (Domestic)	200	200
(Foreign)	200	200
8) Subcontract Costs	-0-	-0-
9) Other	-0-	-0-
Total Direct Costs	$11,600	$20,650
(q) Cost of Money (Factor) of (Appropriate Base)	2,400	3,600
(r) Indirect Costs_____% of IDC Base (Formula)	4,000	6,000
(s) Fixed Fee (Formula)	700	1,400
(t) Total Amount Claimed	$18,700	$31,650
(u) Adjustments		
Outstanding Suspensions		(1,700)
(v) Grand Totals	$18,700	$29,250

"Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment."

_____ _____
(Name of Official (Title)

*Attach additional details as specified in the contract or requested by the Contracting Officer