

Expense (Labor) / TT2 1 Tf 0 Tc 0.001 Tw ( ) Tj -0.005 Tc 0.005 Tw (a) Tj 0.0107 Tw (ll ) Tj 0.005 T

CLIN 1 Travel & ODC's \_\_\_\_\_  
CLIN 2 Travel & ODC's \_\_\_\_\_  
& / , 1 7 U D Y H O 2' & ¶ V

Sub-Total Travel & ODC's all CLINs \$ \_\_\_\_\_

Sub-Total CLIN 1 costs: \_\_\_\_\_

Sub-Total CLIN 2 costs: \_\_\_\_\_

Sub-Total CLIN costs: \_\_\_\_\_

Total Invoice Amount \$ \_\_\_\_\_

I certify that this invoice and attached activity report represents a full and complete claim for consulting services performed during the billing period of performance indicated above and expenses claimed in connection therewith under the specified Contract; that payment therefore has not been made and will not be accepted from any other source; and that to the best of my knowledge and belief no salary or other expenses have been or will be charged to any other Government contract or Government activity while performing said consulting services.

Consultant's Signature: \_\_\_\_\_

Consultant's Name (please print): \_\_\_\_\_

Mail Remittance to (address): \_\_\_\_\_

Note: APL CONSULTANT ACTIVITY REPORT R U F R P S D U D E O H U H S R U Wd must be complete and attached in order for this invoice to be paid.

APL CONSULTANT ACTIVITY REPORT

Date: \_\_\_\_\_  
Consultant Contract No.: \_\_\_\_\_  
Consultant's Name: \_\_\_\_\_

NOTE: This report R U F R P S D U D E O H U H S R U W must be completed and submitted along with the INVOICE AND C E R T I F I C A T I O N F O R C O N S U L T I N G S E R V I C E S in order for payment to be rendered. Please provide as much detail as possible.

Date            Hours    Work Location: Services Provided: Contributions Made

Total:            hours

Benefit to APL

6\$03/(