

**ARGONNE NATIONAL LABORATORY**

9700 South Cass Avenue  
Argonne, Illinois 60439

Attention:  
Assistant Chief Financial Officer  
ACT BLDG 201

ANL Payroll No. (if assigned) \_\_\_\_\_

**INVOICE NUMBER:**

**VOUCHER (Check applicable form)**

Consultant  Individual on P.O.  Labor Hour

IMPORTANT - ATTACH RECEIPTS INSTRUCTIONS ON REVERSE SIDE

Purchase Order No. or

SUBCONTRACT NO. \_\_\_\_\_

NAME \_\_\_\_\_

(LAST FIRST MIDDLE)

MAILING ADDRESS (for check) \_\_\_\_\_

ZIP CODE \_\_\_\_\_

DATE \_\_\_\_\_

A. Service periods (details of each period for more than five, use additional vouchers)

Services Requested by: Specify Division and Individual	SITE WHERE PER'D	DATE	TIME		TOTAL ACTUAL WORKING TIME		AMOUNT
			BEGAN	ENDED	HOURS	DAYS	

B. Rate: \$ \_\_\_\_\_ per hour multiplied by total hours \_\_\_\_\_ →

C. TRANSPORTATION ORIGIN	DATE AND TIME OF DEPARTURE	DESTINATION	DATE AND TIME OF ARRIVAL	CARRIER	AMOUNT
(1)					\$
(2)					
(3)					
(4)					

D. Mileage: (as allowed in contract) \_\_\_\_\_ miles at \_\_\_\_\_ @ mile \_\_\_\_\_ →

E. Hotel, Taxi and Miscellaneous Expenses: \_\_\_\_\_

TOTAL SECTION B →

F. SUBSISTENCE ALLOWANCE: \_\_\_\_\_ DAYS @ \$ \_\_\_\_\_ PER DIEM

G. To be completed by Contractor	COST CODE	CODE CHARGES	TOTAL GROSS	\$
DESCRIPTION OF WORK PERFORMED	3-		F.I.C.A. GROSS	
	3-		STATE INCOME TAX GROSS	
	3-			
	3-			
	3-		LESS	
	3-33100-97-001-000		F.I.T.	
	3-33200-97-000-000		F.I.C.A.	
H. To be completed by ANL	3-33500-97-000-000		ILL. ST.	
THE ABOVE IS A CORRECT STATEMENT OF THE PARTICULARS OF THIS TRIP AND/OR SERVICE	3-33400-97-000-000		IDA. ST.	
	3-33100-97-002-000		ALIEN TAX	
PRINCIPAL INVESTIGATOR	(to be completed by Accounting Only)		NET PAYMENT	\$

**FOR ACCOUNTING DEPT. USE ONLY:**

APPROVED FOR ENTRY	FINAL APPROVAL

"I certify that the above bill is correct and just; that the amounts claimed represent fair charges against Argonne National Laboratory and that reimbursement has not and will not be received therefore under any other Government contract or other source of Government funds."

Contractor \_\_\_\_\_

THIS SERVICE AND/OR TRAVEL WAS PERFORMED AT MY REQUEST FOR THE PURPOSES SET FORTH IN SUBJECT SUBCONTRACT AND WAS IN CONFORMANCE THEREWITH.

DIVISION DIRECTOR \_\_\_\_\_