

Date Received for Clearance Process (MM/DD/YYYY) 04/07/2026	INFORMATION CLEARANCE FORM
A. Information Category <input type="checkbox"/> Abstract <input type="checkbox"/> Journal Article <input type="checkbox"/> Summary <input type="checkbox"/> Internet <input checked="" type="checkbox"/> Visual Aid <input type="checkbox"/> Software <input type="checkbox"/> Full Paper <input type="checkbox"/> Report <input type="checkbox"/> Other <u>Presentation</u>	B. Document Number HNF-73313-VA Revision 0 C. Title Procurement - Invoicing Standards
E. Required Information (MANDATORY) 1. Is document potentially Classified? <input checked="" type="radio"/> No <input type="radio"/> Yes <u>Bennett, Max T</u> <u>Approved via att. IDMS data file.</u> Manager Required (Print and Sign) If Yes _____ ADC Required (Print and Sign) <input type="radio"/> No <input type="radio"/> Yes Classified 2. Official Use Only <input checked="" type="radio"/> No <input type="radio"/> Yes Exemption No. _____ 3. Export Controlled Information <input checked="" type="radio"/> No <input type="radio"/> Yes OOU Exemption No. 3 4. UCNi <input checked="" type="radio"/> No <input type="radio"/> Yes 5. Applied Technology <input checked="" type="radio"/> No <input type="radio"/> Yes OOU Exemption No. 5 6. Other (Specify) _____	7. Does Information Contain the Following: a. New or Novel (Patentable) Subject Matter? <input checked="" type="radio"/> No <input type="radio"/> Yes If "Yes", OOU Exemption No. 3 If "Yes", Disclosure No.: _____ b. Commercial Proprietary Information Received in Confidence, Such as Proprietary and/or Inventions? <input checked="" type="radio"/> No <input type="radio"/> Yes If "Yes", OOU Exemption No. 4 c. Corporate Privileged Information? <input checked="" type="radio"/> No <input type="radio"/> Yes If "Yes", OOU Exemption No. 4 d. Government Privileged Information? <input checked="" type="radio"/> No <input type="radio"/> Yes If "Yes", Exemption No. 5 e. Copyrights? <input checked="" type="radio"/> No <input type="radio"/> Yes If "Yes", Attach Permission. f. Trademarks? <input checked="" type="radio"/> No <input type="radio"/> Yes If "Yes", Identify in Document. 8. Is Information requiring submission to OSTI? <input checked="" type="radio"/> No <input type="radio"/> Yes 9. Release Level? <input checked="" type="radio"/> Public <input type="radio"/> Limited
F. Complete for a Journal Article	
1. Title of Journal _____	
G. Complete for a Presentation	
1. Title for Conference or Meeting _____	
2. Group Sponsoring <u>Procurement</u>	
3. Date of Conference _____	
4. City/State _____	
5. Will Information be Published in Proceedings? <input checked="" type="radio"/> No <input type="radio"/> Yes	
6. Will Material be Handed Out? <input checked="" type="radio"/> No <input type="radio"/> Yes	
H. Information Owner/Author/Requestor <u>Ridge, Tina M</u> <u>Approved via att. IDMS data file.</u> (Print and Sign)	Responsible Manager <u>Bennett, Max T</u> <u>Approved via att. IDMS data file.</u> (Print and Sign)
Approval by Direct Report to President (Speech/Articles Only) _____ (Print and Sign)	
I. Reviewers General Counsel <input checked="" type="checkbox"/> Yes <u>Conlon, Ben A</u> <u>Approved via att. IDMS data file.</u> Office of External Affairs <input checked="" type="checkbox"/> Yes <u>McKenna, Mark</u> <u>Approved via att. IDMS data file.</u> DOE <input type="checkbox"/> _____ _____ Y / N Other <input type="checkbox"/> _____ _____ Y / N Other <input type="checkbox"/> _____ _____ Y / N Other <input type="checkbox"/> _____ _____ Y / N	Public Y/N (If N, complete J) (Y / N) (Y / N) Y / N Y / N Y / N
J. Comments Presentation will be posted to the external website.	Information Clearance Approval <div style="border: 1px solid green; padding: 5px; text-align: center; color: green; font-weight: bold;"> APPROVED <small>By S. Natalie Molina at 7:43 am, Apr 15, 2026</small> </div> <div style="border: 1px solid blue; padding: 5px; text-align: center; color: blue; font-weight: bold; margin-top: 5px;"> Approved for Public Release; Further Dissemination Unlimited </div>

This XML file does not appear to have any style information associated with it. The document tree is shown below.

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  performer-id="368584718" username="h6587506">
    <comments>Please approve HNF-73313, Rev. 0 for public release. Thank you, Natalie Molina,
    Information Clearance </comments>
  </task>
  <task name="Add XML" id="1" date-done="20260407T1255"> </task>
  <task name="Manager Approval" id="41" date-due="20260410T1255" date-done="20260413T1350"
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Procurement - Invoicing Standards

Prepared for the U.S. Department of Energy
Assistant Secretary for Environmental Management

Contractor for the U.S. Department of Energy
Hanford Field Office under Contract 89303320DEM000030



P.O. Box 1464
Richland, Washington 99352

Procurement - Invoicing Standards

T. C. Fisher

Central Plateau Cleanup Company LLC (CPCCo)

S. F. Zamora

Central Plateau Cleanup Company LLC (CPCCo)

Date Published
April 2026

Procurement

Prepared for the U.S. Department of Energy
Assistant Secretary for Environmental Management

Contractor for the U.S. Department of Energy
Hanford Field Office under Contract 89303320DEM000030



CPCCo
Central Plateau
Cleanup Company
P.O. Box 1464
Richland, Washington 99352

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APPROVED

By S. Natalie Molina at 7:43 am, Apr 15, 2026

Release Approval

Date

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Invoicing Standards



Contract Types



Firm-Fixed Price (FFP)



Firm-Fixed Unit (FFU)



Labor Hour (LH)



Time & Material (T&M)

General Requirements for All Contract Types

- **Contract Number & Release**
Include the full contract number and any applicable release details.
- **Contractor's Name, Address, and Phone Number**
Clearly state the contractor's official information.
- **Invoice Number**
Provide a unique invoice identifier.
- **Invoice Date**
Enter the date the invoice was issued.
- **Period of Performance**
Specify the dates or time frame covered by the invoice.
- **Invoice Accuracy**
Ensure all calculations are correct.
- **Bill-To Information**
Confirm the recipient's billing details are accurate.
- **Supporting Documentation**
Only attach required documents as specified by the contract type.

Firm Fixed Price (FFP)

- FFP contracts do not allow for invoicing costs as incurred.
- Only the price for completed work/deliverables as per contract schedule is invoiced.
- If the contract specifies payment milestones, refer directly to those milestones when invoicing insuring language is verbatim to the contract milestone payment.

[Your Company Name, LLC]
 123 Business Park Drive
 Seattle, WA 98101
 Phone: (555) 123-4567
 Email: billing@yourcompany.com
 DUNS / UEI: [Optional]

Bill To:
 [Client / Agency Name]
 Attn: Accounts Payable / Contracting Officer Representative
 456 Government Plaza
 Washington, DC 20001

Contract Information

Contract Type: Firm-Fixed-Price (FFP)
 Total Contract Value: \$250,000.00
 Contract Number: 123456 Release: 01
 Invoice Number 001
 Period of performance: 02/02/2026- 02/26/2026

Remittance Information

Pay To: [Your Company Name, LLC]
 Bank Name: Example Bank
 Routing Number: XXXX123456
 Account Number: XXXX7890
 Payment Terms: Net 30

Description of Services / Deliverables

Description	Unit Price	Amount
Milestone 1: Project mockup - March 2026	\$25,000.00	\$25,000.00
Milestone 2: Monthly Status Report Submitted	\$25,000.00	\$0.00
Milestone 3: Contract Support Services Completed per SOW	\$25,000.00	\$0.00

Description	Amount
Current Invoice Amount	\$25,000.00
Less Previous Invoices	\$50,000.00
Total Billed to Date (Including This Invoice)	\$75,000.00
Remaining Contract Balance	\$175,000.00

Certification / Notes

I certify that the services described above were performed in accordance with the terms and conditions of Contract No. ABC123-FFP-2026 and that the amount invoiced is accurate and due.

Submitted By:
 Jane Smith
 Contracts & Billing Manager
 [Your Company Name, LLC]

Authorized Signature: _____
 Date: March 26, 2026

Firm Fixed Unit - FFU

[Your Company Name, LLC]
123 Business Park Drive
Seattle, WA 98101
Phone: (555) 123-4567
Email: billing@yourcompany.com
DUNS / UEI: [Optional]

Contract Information
Contract Type: Firm Fixed Unit
Project title: Venting ERDF Air Monitoring
Total Contract Value: \$45,414.60
Contract Number: 123456 Release: 01
Invoice Number 001
Period of performance: 02/02/2026-02/26/2026

Bill To:
[Client / Agency Name]
Attn: Accounts Payable / Contracting Officer Representative
456 Government Plaza
Washington, DC 20001

INVOICE

Description	QTY	Unit Price	Amount
Description	1	\$100	\$ 100.00
Description	3	\$150	\$ 450.00
Description	1	\$350	\$ 350.00

Total \$ 900.00

Total Due \$ 900.00

Remittance Information

Pay To: [Your Company Name, LLC]
Bank Name: Example Bank
Routing Number: XXXX123456
Account Number: XXXX7890
Payment Terms: Net 30



FFU contracts do not invoice for actual costs incurred, only for quantities delivered at the agreed unit price.



The invoice should clearly break down all units invoiced, corresponding unit prices, and total calculation.



Attach delivery confirmations, acceptance records, or other proof of completed services, as required by the contract.

Labor Hour Contract Invoicing Requirements



Subcontractor shall provide to Buyer timecards for its hourly employees and the hourly employees of sub-tier subcontractors. Subcontractor shall provide the subcontract and sub tier timecards with every request for payment of the subcontractor costs to the subcontractors



The timecards must reflect actual hours worked.



The timecards must be signed by the employee and certified by the employee's supervisor prior to Subcontractor providing them to Buyer.



Subcontractor shall, at least once every three (3) years, conduct a labor audit of cost reimbursable lower-tier subcontractors and sub tiers.



The audit shall be conducted to either Institute of Internal Auditors standards (if conducted internally) or generally accepted government accounting standards (GAGAS) (if conducted externally), unmodified.

Labor hour (LH)



[Your Company Name, LLC]
 123 Business Park Drive
 Seattle, WA 98101
 Phone: (555) 123-4567
 Email: billing@yourcompany.com
 DUNS / UEI: [Optional]

Contract Information
 Contract Type: Labor hour
 Project title: Venting ERDF Air Monitoring
 Total Contract Value: \$45,414.60
 Contract Number: 123456 Release: 01
 Invoice Number 001
 Period of performance: 02/02/2026- 02/26/2026

Bill To:
 [Client / Agency Name]
 Attn: Accounts Payable / Contracting Officer Representative
 456 Government Plaza
 Washington, DC 20001

INVOICE	
Description	Amount
Total Amount Due this Invoice:	\$ 278.33
Total Amount Invoiced to Date:	\$ 21,616.81

Remittance Information
 Pay To: [Your Company Name, LLC]
 Bank Name: Example Bank
 Routing Number: XXXX123456
 Account Number: XXXX7890
 Payment Terms: Net 30

Timecards included to support costs

[Your Company Name, LLC]
 123 Business Park Drive
 Seattle, WA 98101
 Phone: (555) 123-4567
 Email: billing@yourcompany.com
 DUNS / UEI: [Optional]

Contract Information
 Contract Type: Labor hour
 Project title: Venting ERDF Air Monitoring
 Total Contract Value: \$45,414.60
 Contract Number: 123456 Release: 01
 Invoice Number 001
 Period of performance: 02/02/2026- 02/26/2026

Bill To:
 [Client / Agency Name]
 Attn: Accounts Payable / Contracting Officer Representative
 456 Government Plaza
 Washington, DC 20001

INVOICE					
Description					Amount
Task: Labor					
		Date	Hours:	Rate:	
LABOR	Smith, Jane	10/1/2025	0.5	185.55	92.78
LABOR	Smith, Jane	10/9/2025	1	185.55	185.55
			Total for Smith, Jane	1.5	\$ 278.33
			Total Labor	1.5	\$ 278.33
				Total for Labor	\$ 278.33
				Total for Task:	\$ 278.33
Total Amount Due for this Invoice:					\$ 278.33

Remittance Information
 Pay To: [Your Company Name, LLC]
 Bank Name: Example Bank
 Routing Number: XXXX123456
 Account Number: XXXX7890
 Payment Terms: Net 30

Labor Hour Timecard Example



Smith, Jane (9/27/2025 - 10/3/2025) - Hourly

Status: **LOCKED**
This timesheet has been adjusted

PROJECT/TASK	LABOR CATEGORY	LOCATION	PROJECT PAY TYPE	SAT	SUN	MON	TUE	WED	THU	FRI	TOTALS
			CODE	27	28	29	30	1	2	3	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]								
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]								
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]								
203 G203-Y25-G0418MT G0418MT - ERDF Air Monitoring Plan Technical Support	Principal	Washington	BILLABLE RT						0.50		0.50
1. LABOR Technical	Consultant										
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]								
TOTALS:					3.50	2.00	2.00	4.50			12.00

BY	FOR	ROLE	PROJECT	STATUS	COMMENTS
John Smith	-	Manager		APPROVING (Adjustments)	10/8/2025 11:15 AM Approved by John Smith
-	-	-		COMPLETED (Adjustments)	10/8/2025 11:15 AM

PROJECT/TASK	LABOR CATEGORY	LOCATION	PROJECT PAY TYPE	SAT	SUN	MON	TUE	WED	THU	FRI	TOTALS
			CODE	4	5	6	7	8	9	10	
203 G203-Y25-G0418MT G0418MT - ERDF Air Monitoring Plan Technical Support	Principal	Washington	BILLABLE RT								
1. LABOR 1.00	Consultant										1.00

Approval History

BY	FOR	ROLE	PROJECT	STATUS	COMMENTS
Jane Smith	-	Timesheet User		INUSE	10/1/2025 8:30 PM
Jane Smith	-	Timesheet User		SUBMITTED	10/1/2025 8:32 PM Time card signed by Jane Smith
John Smith	-	Manager		APPROVING	10/2/2025 9:02 AM Approved by John Smith
-	-	-		COMPLETED	10/2/2025 9:02 AM
-	-	-		LOCKED	10/2/2025 9:02 AM
Jane Smith	-	Timesheet User		INUSE	10/8/2025 10:45 AM
Jane Smith	-	Timesheet User		SUBMITTED (Adjustments)	10/8/2025 10:52 AM Time card signed by Jane Smith
John Smith	-	Project Approver	203 G203-Y25-G0418MT G0418MT - ERDF Air Monitoring Plan Technical Support	APPROVING (Adjustments)	10/8/2025 11:14 AM Approved by John Smith

BY	FOR	ROLE	PROJECT	STATUS	COMMENTS
Jane Smith	-	Timesheet User		INUSE	10/8/2025 10:44 AM
Jane Smith	-	Timesheet User		SUBMITTED	10/10/2025 5:21 PM Time card signed by Jane Smith
John Smith	-	Project Approver	203 G203-Y25-G0418MT G0418MT - ERDF Air Monitoring Plan Technical Support	APPROVING	10/10/2025 5:35 PM Approved by John Smith

I certify that the time recorded herein is true, accurate and complete to the best of my knowledge.

General Requirements

- Include the subcontractor's name, invoice number, and subcontract or release number
- Provide the contractor's point of contact with name and phone number
- Specify the invoice date
- Indicate the billing period covered
- State the total amount due for the current billing period (distinct from cumulative totals)
- Provide a cost summary detailing all cost components
- Report cumulative amounts ("invoiced to date") for each cost element
- List sales tax as a separate line item unless exempt; credit card statements are not acceptable as supporting documentation
- Include sufficient detail outlining the work performed for each period

Labor

- Billable direct labor hours should be multiplied by the contractually agreed fully burdened hourly rate
- Hourly rates must encompass wages, overhead, G&A, and profit
- Maintain a timekeeping system for all staff, including lower tiers, with documentation by project or job number, employee name, work date, daily hours, and totals
- Timecards must be signed and certified by both the employee and supervisor

Materials & Other Direct Costs (ODCs):

- Provide detailed receipts for all material and ODC expenses (credit card statements are not acceptable).
- Materials must comply with FAR 31.2 standards, being allowable, allocable, and reasonable.
- Include a detailed list of ODCs that aligns with the subcontract's compensation schedule, supported by relevant documentation such as vendor invoices, delivery receipts, or travel records.
- Materials handling and G&A rates may only be charged in accordance with your accounting policies and federal regulations.

Travel (If Billable):

- Obtain prior approval from the buyer for all travel expenses.
- Submit receipts and supporting documents in accordance with Federal Travel Regulation and contract requirements, except for meal receipts.

[Your Company Name, LLC]
 123 Business Park Drive
 Seattle, WA 98101
 Phone: (555) 123-4567
 Email: billing@yourcompany.com
 DUNS / UEI: [Optional]

Remittance Information
 Pay To: [Your Company Name, LLC]
 Bank Name: Example Bank
 Routing Number: XXXX123456
 Account Number: XXXX7890
 Payment Terms: Net 30

INVOICE
 Invoice Number: INV-TM-2026-001
 Invoice Date: March 26, 2026
 Contract Number: ABC123-TM-2026
 Task Order / PO Number: TO-002 (if applicable)
 Period of Performance: March 1, 2026 – March 31, 2026

Bill To:
 [Client / Agency Name]
 Attn: Accounts Payable / Contracting Officer Representative
 456 Government Plaza
 Washington, DC 20001

Contract Information
 Contract Type: Time & Materials (T&M)
 Ceiling Contract Value: \$300,000.00
 Invoice Type: Monthly Labor and Materials Invoice

Labor Charges

Labor Category	Hours	Hourly Rate	Amount	Notes
Program Manager	40	\$150.00	\$6,000.00	March support services
Financial Analyst	80	\$110.00	\$8,800.00	Invoice reconciliation and audit support
Contract Specialist	32	\$125.00	\$4,000.00	Contract administration support

Materials / Other Direct Costs (ODCs)

Description	Qty	Unit Cost	Amount
Printing / Reproduction	1	\$150.00	\$150.00
Shipping / Delivery	1	\$85.00	\$85.00

Invoice Summary

Description	Amount
Total Labor Charges	\$18,800.00
Total Materials / ODCs	\$235.00
Current Invoice Amount	\$19,035.00
Less Previous Invoices	\$57,105.00
Total Billed to Date (Including This Invoice)	\$76,140.00
Remaining Contract Balance	\$223,860.00

Certification / Notes
 I certify that the labor hours, materials, and other direct costs billed on this invoice were incurred in performance of Contract No. ABC123-TM-2026 and are accurate, allowable, and in accordance with contract terms.

Submitted By:
 Jane Smith
 Contracts & Billing Manager
 [Your Company Name, LLC]

Authorized Signature: _____
 Date: March 26, 2026

Time and Material Invoice Example

Reasons for Rejection of Invoices

Incorrect format or missing supporting documentation

Sales tax not properly listed

Inconsistencies or errors in timekeeping

Freight charges or ODCs not adequately documented

Rejected Invoice - FFP

[Your Company Name, LLC]
123 Business Park Drive
Seattle, WA 98101
Phone: (555) 123-4567
Email: billing@yourcompany.com
DUNS / UEI: [Optional]

Bill To:
[Client / Agency Name]
Attn: Accounts Payable / Contracting Officer Representative
456 Government Plaza
Washington, DC 20001


Contract Information

Contract Type: Firm-Fixed-Price (FFP)
Total Contract Value: \$250,000.00
Contract Number: 123456 Release: 01
Invoice Number 001
Period of performance: 02/02/2026- 02/26/2026

Remittance Information

Pay To: [Your Company Name, LLC]
Bank Name: Example Bank
Routing Number: XXXX123456
Account Number: XXXX7890
Payment Terms: Net 30

Milestone incorrectly applied.



Description of Services / Deliverables

Description	Unit Price	Amount
Milestone 1: Project mockup - March 2026	\$25,000.00	\$20,000.00
Milestone 2: Monthly Status Report Submitted	\$25,000.00	\$0.00
Milestone 3: Contract Support Services Completed per SOW	\$25,000.00	\$0.00

Description	Amount
Current Invoice Amount	\$25,000.00
Less Previous Invoices	\$50,000.00
Total Billed to Date (Including This Invoice)	\$75,000.00
Remaining Contract Balance	\$175,000.00

Certification / Notes

I certify that the services described above were performed in accordance with the terms and conditions of Contract No. ABC123-FFP-2026 and that the amount invoiced is accurate and due

Submitted By:
Jane Smith
Contracts & Billing Manager
[Your Company Name, LLC]

Authorized Signature: _____
Date: March 26, 2026

Rejected invoice LH



[Your Company Name, LLC]
123 Business Park Drive
Seattle, WA 98101
Phone: (555) 123-4567
Email: billing@yourcompany.com
DUNS / UEI: [Optional]

Contract Information
Contract Type: Labor hour
Project title: Venting ERDF Air Monitoring
Total Contract Value: \$45,414.60
Contract Number: 123456 Release: 01
Invoice Number 001
Period of performance: 02/02/2026-02/26/2026

Bill To:
[Client / Agency Name]
Attn: Accounts Payable / Contracting Officer Representative
456 Government Plaza
Washington, DC 20001

**Tax 8.8%
was not till
April 1st
2026**

INVOICE					
Description					Amount
Task: Labor					
		Date	Hours:	Rate:	
LABOR	Smith, Jane	10/1/2025	0.5	185.55	92.78
LABOR	Smith, Jane	10/9/2025	1	185.55	185.55
	Total for Smith, Jane		1.5		\$ 278.33
	Total Labor		1.5	Total for Labor	\$ 278.33
				Total for Task:	\$ 278.33
				Tax 8.8%	\$ 25.00
				Total Amount Due for this Invoice:	\$ 303.33

Remittance Information
Pay To: [Your Company Name, LLC]
Bank Name: Example Bank
Routing Number: XXXX123456
Account Number: XXXX7890
Payment Terms: Net 30

**Taxes were
incorrectly
applied.**

Rejected T&M Invoice -

Bill To:
 [Client / Agency Name]
 Attn: Accounts Payable / Contracting Officer Representative
 456 Government Plaza
 Washington, DC 20001

Contract Information
 Contract Type: Time & Materials (T&M)
 Ceiling Contract Value: \$300,000.00
 Invoice Type: Monthly Labor and Materials Invoice

Labor Charges

Labor Category	Hours	Hourly Rate	Amount	Notes
Program Manager	40	\$150.00	\$6,000.00	March support services
Financial Analyst	80	\$110.00	\$8,800.00	Invoice reconciliation and audit support
Contract Specialist	10	\$125.00	\$4,000.00	Contract administration support

Time cards missing & or not signed by Employee & Supervisor.

- Not mathematically correct
- Signed timecards were missing

Materials / Other Direct Costs (ODCs)

Description	Qty	Unit Cost	Amount
Printing / Reproduction	1	\$150.00	\$150.00
Shipping / Delivery	1	\$85.00	\$85.00

Invoice Summary

Description	Amount
Total Labor Charges	\$18,800.00
Total Materials / ODCs	\$235.00
Current Invoice Amount	\$19,035.00
Less Previous Invoices	\$57,105.00
Total Billed to Date (Including This Invoice)	\$76,140.00
Remaining Contract Balance	\$223,860.00

Certification / Notes

I certify that the labor hours, materials, and other direct costs billed on this invoice were incurred in performance of Contract No. ABC123-TM-2026 and are accurate, allowable, and in accordance with contract terms.