INVOICE Date:

*On behalf of the [insert NIH Institute],* Invoice No.

*National Institutes of Health, DHHS,*

*under Contract No. [insert contract number]*

[Contractor’s Name] **Sold To:** [Name] **Ship To:** [Name]

[Street Address] [Company Name] [Company Name]

[City, State, ZIP Code] [Street Address] [Street Address]

[Phone] [City, State, ZIP Code] [City, State, ZIP Code]

[Fax] [Phone] [Phone]

[Email Address] [Email Address] [Email Address]

| **Quantity** | **Item** | **Unit Price** | **Total** |
| --- | --- | --- | --- |
|  |  | $ | $ |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Subtotal  Shipping/Handling  Total Due | | | $ |
| $ |
| $ |

**PAYMENT INSTRUCTIONS**

Remit payment to [Contractor’s Name] in U.S. dollars by check or other method acceptable to [Contractor’s Name] **within 15 calendar days from date of invoice**. **All payments shall be made payable to** [Contractor’s Name]. Include copy of invoice with payment.

**ADDITIONAL TERMS & CONDITIONS**

1. *Research materials are not returnable, and the costs associated with providing them, including shipping and handling, are not refundable.*
2. *Failure to pay invoice may result in future requests being denied.*