

INVOICE INSTRUCTIONS FOR NIH FIXED-PRICE CONTRACTS
USING THE ELECTRONIC VENDOR INVOICE PROGRAM (eVIP), NIH(RC)-7

Procedure: The Contractor shall register in the NIH Electronic Vendor Invoice Program (eVIP) available at: <http://evip.nih.gov/>. All payment requests shall be submitted electronically through the eVIP.

General Information: Much of the information required for a proper invoice, pursuant to FAR 32.905(b)(1), will be extracted from the System for Award Management (SAM) database located at: <https://www.sam.gov/>. Therefore, the Contractor must ensure that the information in SAM is current, accurate, and complete. If funds are misdirected due to incomplete or erroneous data in SAM, the Government is deemed to have made payment and the Contractor is responsible for recovery of any misdirected funds.

- **Frequency:** Payment requests shall be submitted upon delivery and acceptance of goods or services unless otherwise authorized by the Contracting Officer.
- **Invoice/Voucher Number:** Each payment request must be identified by a unique invoice number, regardless of the number of NIH 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 for any other contract or order. eVIP will not accept an invoice number that has been used previously.
- **Invoice Matching Option:** Each payment request shall identify whether the payment is to be made using a two-way or three-way match. Refer to the Invoice Submission Instructions in Section G of the Contract Schedule to determine the required payment method.
- **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 may not exceed the United States dollars authorized.
- **Assignment of Claims:** When an approved assignment of claims has been executed, both the Contractor and the assignee must be registered in SAM. The Contractor must update its SAM record to add the assignee's banking information. The Contractor shall obtain a uniquely associated DUNS or DUNS+4 number with the assignee's bank name and address. The Contractor shall enter the following in the "**Invoice Description**" field of **iSupplier**: "Remit To Assignee: [the assignee's name, address, and the uniquely associated Data Universal Numbering System (DUNS) or DUNS+4 number]." For Example: "Remit to Assignee: ABC Corporation, 123 Main Street, Anywhere, MD 12345, DUNS 123456789 (or DUNS +4)"

Preparation and Itemization of the Payment Request: The original invoice shall be added as an attachment in the "**Create Invoice: General Information**" screen in **iSupplier**. The Contractor's invoice shall furnish the information set forth in the instructions below. ***Failure to submit this information may result in disallowance of all or part of your invoice.***

- (a) **Contractor's Name, Address, and Point of Contact:** Show the Contractor's name and address exactly as they appear in the contract, along with the name, title, phone number, and e-mail address of the Contractor's point of contact. When an approved assignment of claims has been executed, the Contractor shall also provide the assignee's name, address, and the uniquely associated DUNS or DUNS+4 number, with the remittance information clearly identified as such.
- (b) **Invoice/Voucher Number:** Insert the same unique invoice number as entered into eVIP.
- (c) **Date of Invoice:** Insert the same date the payment request is entered into eVIP.
- (d) **Contract Number and Order Number (if applicable):** Insert the contract number and order number (as applicable).
- (e) **Contract Title:** Insert the contract title listed on the cover page of the contract and/or Section G of the Contract Schedule..
- (f) **Current Contract Period of Performance:** Insert the contract start date/effective date through the current completion date of the contract.
- (g) **Total Fixed-Price of Contract/Order:** Insert the total fixed-price of the contract/order.
- (h) **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.
- (i) **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.
- (j) **Description of Supplies or Services:** Provide a description of the supplies or services, by line item (if applicable), quantity, unit price (where appropriate), and total amount. The item description, unit of measure, and unit price **must match** those specified in the contract. For example, if the contract specifies 1 box of hypodermic needs (100/box) with a unit price of \$50.00, then the invoice must state 1 box, hypodermic needles (100/box), \$50.00, **not** 100 syringes at \$0.50 each.

NOTE: If your invoice must differ from the line items on the award, please contact the Contracting Officer before submitting the invoice. A modification to the award may be needed before the invoice can be paid.

- (k) **Amount Billed - Current Period:** Insert the amount claimed for the current billing period, including any adjustments, as applicable. If the Contract Schedule contains separately priced line items, identify the contract line item(s) on the payment request.
- (l) **Amount Billed - Cumulative:** Insert the cumulative amounts claimed to date, including any adjustments, as applicable. If the Contract Schedule contains separately priced line items, identify the contract line item(s) on the payment request.

- (m) **Freight or Delivery Charges:** Identify all charges for freight or express shipments, other than f.o.b. destination, as a separate line item on the invoice. (If shipped by freight or express, and charges are more than \$25, attach prepaid bill.)
- (n) **Government Property:** If the contract authorizes the purchase of Government Property (e.g., equipment), include as an attachment to the invoice a list of each item for which reimbursement is requested. Reference shall be made to the following (as applicable):
- item number for the specific property listed in the Government Property Schedule, and
 - Contracting Officer Authorization (COA) number, if the property is not covered by the Government Property Schedule.