Exhibit A to NIH(RC)-1
NIDA Supplemental Billing Instructions

a. In addition to the requirements of the NIH(RC)-1, the Contractor agrees to include the following supplemental information on each invoice for the cost categories shown below:

**DIRECT LABOR**

(1) Position Category  
(2) Employee Identification Number or Name  
(3) Hours Expended  
(4) Hourly Rate

**TRAVEL**

(1) Detail what travel is for (i.e., seminar, course, site visit, etc.)  
(2) Dates and duration of travel  
(3) Point of departure and destination  
(4) Names of individuals  
(5) Per diem rate (broken down by lodging and M&IE)  
(6) Travel costs (airfare, car rental (including mileage), taxis, etc.)

**MATERIALS OR EQUIPMENT (RENTAL OR PURCHASE)**

(1) Description, quantity, and amount of each item  
(2) COA letter number, if applicable

**SUBCONTRACT COSTS**

Breakdown identical in format and detail as required of the Prime Contractor

**REIMBURSEMENT OF TRAVEL AND HONORARIA**

Monthly invoices must include a summation of all unpaid travel and honoraria reimbursements, with explanation for all obligations outstanding over 30 days.

**INDIRECT COST – ADJUSTMENTS**

Annual adjustments to billing of indirect costs shall be submitted on a separate invoice/financing request.

b. Monthly invoices must include the cumulative total expenses to date, adjusted (as applicable) to show any amounts suspended by the Government.

c. The contractor agrees to immediately notify the Contracting Officer in writing if there is an anticipated overrun (any amount) or unexpended balance (greater than 10 percent) of the amount allotted to the contract, and the reasons for the variance. Also, refer to the requirements of the Limitations of Funds and Limitations of Cost Clauses in the contract.