



**UNIVERSITY OF CALIFORNIA  
LAWRENCE BERKELEY NATIONAL LABORATORY**

- For One-Time Request: fill out Sections 1 & 2
- For Recurring Request: fill out Sections 2 & 3

**REQUEST FOR PREPARATION OF MISCELLANEOUS INVOICE**

Send Request Form to: ARHelp@lbl.gov by the 20th of the Month

**Section 1 - Fill out only for One-Time (Non-Recurring) Request.**

Quantity	Description of Item to be Billed	Amount to be Billed
		Total:

**Section 2 - Required for ALL Requests (One Time & Recurring).**

Project ID (Not WFO Project):                      Activity ID:                      Requested by:  
Fund Code:    Org Unit:                                      Telephone:  
Purchase Order #:    Fax:  
Date of Request:

**Billing Address (No more than 5 lines):**

Company Name:    Billing Contact Person:  
Attention:    Contact Person Phone:  
Street Address:    Contact Person Email:  
City, State, Zip:    Optional: Country:

**Section 3 - Fill out for Recurring invoice request only.**

Invoicing Beginning Date:  
Invoicing End Date:  
Total Amount to be Invoiced:

Description:

**For Bestowment Funds (Excess Compensation)**

If requesting invoice for Bestowment Funds, please fill out Section I and Section II and provide project begin/end date, primary award number, and total excess compensation charged.