NAVFAC 7300/30 NAVAL FACILITIES ENGINEERING COMMAND
(Rev 2/01)

DUNS NO: _____

1. CONTRACTOR'S INVOICE **CAGE CODE NO:** _____

From: _____ Invoice Date _____

_____ Invoice Number _____

POC/Telephone/email for this invoice: _____

To: Contract Specialist: _____

Below is a Statement of Performance under Contract N40085- _____ **Task Order:** _____

for _____ **at** _____

The enclosure provides breakdown of this statement of performance.

A. Total value of contract/task order through change _____ _____
B. Percentage of performance complete _____ _____
C. Value of completed performance _____
D. Less total of prior payments _____
E. Amount of this invoice _____

Signature and Title: _____

Date: Signature of Authorized Representative

2. FIRST ENDORSEMENT **Receipt and Acceptance Certification**

From: _____

To: _____

1. Payment is recommended as follows:

A. Amount of work completed to (date) _____ _____
B. Less:
Retention _____
Other Deductions: _____ _____
C. Subtotal _____
D. Less previous payments _____
E. Certified amount for payment # _____ Final on TO # _____ _____
F. Elapsed contract time (if applicable) _____
G. Responsible Certifying UIC _____
H. Invoice Receipt Date _____
I. Material/Services Receipt Date _____
J. Material/Services Acceptance Date _____
K. Date forwarded to paying office _____
L. I certify this amount is correct and payment is recommended.

Signature: _____ Date: _____

Signature of Authorized Representative

Name and Title (typed): _____

Phone and address: _____

3. PROMPT PAYMENT CERTIFICATION

I certify that the accounting data provided is accurate, funds have been obligated in appropriate accouting system and changes have been applied to the apprpriate accounting classification reference number (ACRN), available funds have been decremented for the amount approved for disbursement and will not be de-obligated and the aboave invoice is correct and proper for payment.

Signature: _____ Date: _____

Signature of Authorized Representative

Name and Title (typed): _____

Phone and address: _____

Line(s) of accounting to be used for this invoice (include appropriate Line Item # (CLIN, SLIN, or ACRN, etc)

_____
_____
_____
_____
_____
_____