

**INVOICE**

Flexible Technical Assistance  
(FlexTech) PON 4192



Invoice Number: \_\_\_\_\_ Date: \_\_\_\_\_ NYSERDA Purchase Order #: \_\_\_\_\_

Project Title: \_\_\_\_\_

**FROM:**

Company Name \_\_\_\_\_ Email Address: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**TO:**

NYSERDA Project Manager Name \_\_\_\_\_

17 Columbia Circle, Albany, New York, 12203-6399

Total Invoice Amount: \_\_\_\_\_ Amount Invoiced to Customer: \_\_\_\_\_ Invoice Date Range: \_\_\_\_\_

**Please include the following information by Combining PDF Files or Adding information below:**

- Staff titles *(FlexTech Consultants Only: Titles should align with staff titles used in Exhibit E Rate Schedule)*
- Hourly rates, hours worked on each task and dates work was conducted *(FlexTech Consultants Only: Rates should align with Exhibit E Rate Schedule)*
- Expenses *(Include total dollar amount related to expenses for this invoicing period. Attach supporting documentation)*
- A copy of the metering equipment/labor invoice(s), if applicable

Date	Staff Title	Rate	Hours	Total \$s	Notes
<b>Labor Totals</b>					<b>Expenses:</b>

