1. **REQUIRED INVOICE INFORMATION**

   a. The following data shall be included in invoices to be considered proper for payment:

   1. Name and address of the Contractor.

   2. Contract Number: **TBD**

   3. Task Order Number: **TBD**

   4. Amount claimed on the invoice:

   5. Invoice Date:

   6. NHTSA Contracting Officer’s Name. **TBD**

   7. NHTSA Contract Specialist’s Name. **TBD**

   8. NHTSA Contracting Officer’s Representative’s, name. **TBD**

   9. Contract Line Item Number (CLIN):

   10. Name and address of Contractor official to whom questions regarding payment should be referred.

   11. To be acceptable for payment, each invoice must contain the following certification:

       “I hereby certify that the information submitted in this invoice, and accompanying documentation, is accurate and conforms to the billing requirements set forth in this Task Order.”

**NOTE:** *Payment Schedules for FFP Task Orders will be developed at the Task Order level.*