**Invoice Summary** 

Company Name:		Phone #		Email:		Notes:
Address:						
City, State Zip:		Contact:		Website:		
		Phone:	618-453-6793			
Bill To:	Southern Illinois University			Date:	Date:	
	FEM Accounting					
	Mail Code 6727			PO #:		
	210 Physical Plant Drive					
	Carbondale, IL 62901	Email:	acctg.facilities@siu.edu	Invoice #:		
SIU Project #:		Location #:		WO #:		
Item:					Price:	
	Prime Contractor:					
Prime Contractor	Labor Cost					
	Labor Fee %				\$ -	
	Material Total					
	Equipment Total					
ВЕР	Prime BEP Fee %				\$ -	
	Material Total %				\$ -	
	Equipment Total %				\$ -	
VET	Prime VET Fee %				\$ -	
	Material Total %				\$ -	
	Equipment Total %				\$ -	
Prime Contractor S	ub-Total:				,	\$ -
	BEP Subcontractor:					
	Labor Cost					
	Labor Fee %				\$ -	
	Material Total					
	Equipment Total					
Business Enterprise	Program Sub-Total:				,	\$ -
	VET Subcontractor:					
	Labor Cost					
	Labor Fee %				\$ -	
	Material Total					
	Equipment Total					
Veteran Subcontractor Sub-Total:						\$ -
TOTAL INVOICE:						\$ -