



Invoicing Instructions

All invoices shall be sent to **APADMIN@INSERV.ORG**

1. Sending duplicates will cause delays.
2. Invoices sent to other email addresses will not be processed.
3. The word "Invoice" or "Credit Memo" must be clearly stated (no Statements or Quotations will be processed).
4. Include the proper legal entity name as shown on Purchase Order / Subcontract Agreement
5. Invoice date
6. PO Number / Subcontract Agreement Number (only one PO Number per invoice can be accepted).
7. InServ Job Number – 24.100.0037
8. Description of services and/or goods matching the PO line:
Lbr and Mat. Testing and Balance
9. Amount owed by PO / Subcontract Agreement
10. Name, remittance address

All T&M/NTE invoicing must include copies of approved timesheets (signed by an InServ representative) and backup documentation for material, equipment, and subcontract cost.

For Lump Sum AIA billing format, the Schedule of Values shall itemize the entire Subcontract Sum and shall indicate the percentage complete of each portion of the Subcontract Work for all Subcontract Work completed during the month.

InServ Corp. • (919) 552-6355 • www.inserv.org

*121 Dickens Road,
Fuquay-Varina, NC*

*10736-B Nations Ford Road,
Charlotte, NC*

*1001 Investment Blvd, Unit 102,
Apex, NC*



Preliminary Applications for Payment shall be submitted by the 10th day of each month to the InServ Project Manager for review and approval. Agreed changes will be incorporated and a formal AIA document (Form G702 Application and Certificate for Payment and Form G703 Continuation Sheet for All Applications for Payment) shall be submitted by Subcontractor by the 15th day of each month.

Each invoice shall include a Partial or Final Lien Release in the form attached to your MSA as Attachments E & F, and any other backup documentation as required by the Contract Documents. In addition, at the completion of the project, both a Warranty and Certificate of Completion form must be submitted. All Subcontractor invoices must contain, at a minimum, the job number, the Purchase Order number, dates of work performed, and description of the work being billed.

By signing below, you agree to the terms and conditions set forth in this document. Please return a signed copy to InServ for execution.

Signed:

National TAB

InServ Corp

Scott Springer

Digitally signed by Scott Springer
DN: C=US, E=sscott@nationaltab.com,
CN=Scott Springer
Date: 2025.01.24 08:12:51-05'00'

By (Authorized Representative)

Date

By (Authorized Representative)

Date

Scott Springer

Print Name

Print Name

VP of Regional Markets

Print Title

Print Title

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