

INVOICE

Project Research Services

Invoice #: [00000]

Date: [YYYY-MM-DD]

RESEARCH PROVIDER

[Academic Institution / Laboratory Name]

[Department / Research Group]

[Contact Person Name]

[Email / Phone Number]

BILL TO (GRANT/CLIENT)

[Funding Agency / Organization]

[Grant ID / Project Code]

[Attention: PI Name]

[Billing Address]

Item Description / Research Milestone	Units/Hours	Rate	Total
[Data Collection / Field Work]	[0.00]	[\$[0.00]]	[\$[0.00]]
[Statistical Analysis / Coding]	[0.00]	[\$[0.00]]	[\$[0.00]]
[Laboratory Consumables / Reagents]	[0.00]	[\$[0.00]]	[\$[0.00]]

Item Description / Research Milestone	Units/Hours	Rate	Total
[Administrative / Indirect Costs]	[0.00]	[\$0.00]	[\$0.00]

Subtotal: [\$0.00]

Tax/Overhead (%): [\$0.00]

Amount Due: [\$0.00]

PAYMENT INSTRUCTIONS

Wire Transfer / Check Payable to: [Institution Name]

Account Number: [0000000000]

SWIFT/BIC: [Code]

Terms: Payment is due within [30] days of invoice date.