

# GRANT INVOICE

Institutional Letterhead Space

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

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## FROM (Grantee):

Principal Investigator: \_\_\_\_\_

Department: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

## TO (Funding Agency):

Agency Name: \_\_\_\_\_

Grant ID/Reference: \_\_\_\_\_

Program Officer: \_\_\_\_\_

Address: \_\_\_\_\_

## PROJECT DETAILS

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

Performance Period: \_\_\_\_\_ to \_\_\_\_\_

Budget Category / Description	Approved Budget	Current Request	Remaining Balance
Personnel & Salaries			
Equipment & Materials			
Travel & Fieldwork			

<b>Budget Category / Description</b>	<b>Approved Budget</b>	<b>Current Request</b>	<b>Remaining Balance</b>
Publication & Dissemination			
Indirect Costs (Overhead)			
<b>TOTAL REQUESTED</b>	\$		

**CERTIFICATION**

I certify that the above expenses are true and accurate reflections of costs incurred in the direct performance of the research objectives outlined in the grant agreement and comply with institutional and agency policies.

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Principal Investigator Signature

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Office of Sponsored Research

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Date