

**RESEARCH GRANT INVOICE**

Institutional/Researcher ID: \_\_\_\_\_

**Invoice Reference**

# \_\_\_\_\_

**Date of Issue**

\_\_\_\_ / \_\_\_\_ /20 \_\_\_\_

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**Grantee / Principal Investigator**

[Name]

[Department]

[University/Institution]

[Address Line 1]

[Email/Contact]

**Funding Agency / Sponsor**

[Agency Name]

[Grant Program]

[Department Office]

[Grant Award Number]

<b>Budget Code</b>	<b>Expense Description / Deliverable Milestone</b>	<b>Unit Cost</b>	<b>Line Total</b>

Direct Costs: \$ 0.00

Indirect Costs (Overhead %): \$ 0.00

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**Total Amount Requested: \$ 0.00**

**Payment Instructions (Wire/ACH)**

Bank Name: \_\_\_\_\_

Routing/Swift: \_\_\_\_\_

Account No: \_\_\_\_\_

**Institutional Certification**

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Authorized Official Signature

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*I certify that the above expenditures are incurred in accordance with the grant agreement and university research policies. All original receipts are retained for auditing purposes.*