

# GRANT INVOICE

[Research Institution Name]

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[Department/Office Name]

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INVOICE NUMBER

DATE

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## SPONSOR (BILL TO)

[Corporate Sponsor Name]

[Contact Person]

[Address Line 1]

[City, State, Zip]

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## PROJECT DETAILS

GRANT/CONTRACT ID:

PRINCIPAL INVESTIGATOR:

PERIOD OF PERFORMANCE:

Description of Research Activity / Milestone	Budget Category	Amount

Direct Costs: \$ \_\_\_\_\_

Indirect Costs (F&A): \$ \_\_\_\_\_

Total Due: \$ \_\_\_\_\_

## PAYMENT INSTRUCTIONS

Check Payable to: [Institution Name]

Wire Transfer: [Bank Name]

SWIFT/BIC: [Code]

Account: [Number]

**CERTIFICATION**

*I certify that the above expenditures are appropriate and in accordance with the agreed-upon research contract terms.*  
AUTHORIZED FINANCIAL OFFICER SIGNATURE

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Questions? Contact [Contact Name] at [Email/Phone Number]