

RESEARCH INVOICE

Departmental Grant Fund

Invoice #: _____

Date: _____

PRINCIPAL INVESTIGATOR / LAB

Name: _____

Department: _____

Grant/Account ID: _____

PAYABLE TO / VENDOR

Entity: _____

Address: _____

Tax ID: _____

Grant Code	Description of Materials / Services	Qty	Unit Price	Total

Subtotal: \$ _____

Indirect Costs (%): \$ _____

Amount Due: \$ _____

Principal Investigator Authorization

Departmental Finance Approval

Notes: Attach all receipts and compliance documentation for auditing purposes.