

DISBURSEMENT INVOICE

Faculty Research Grant

Invoice #: _____

Date: _____

PRINCIPAL INVESTIGATOR

Name: _____

Department: _____

Employee ID: _____

GRANT DETAILS

Grant Name: _____

Project Code: _____

Funding Period: _____

EXPENDITURE BREAKDOWN

Description / Category	Reference/Receipt #	Amount
Total Disbursement Requested:		\$

CERTIFICATION & APPROVALS

I certify that the above expenses were incurred in the conduct of authorized research and comply with university grant policies.

Principal Investigator Signature
Department Head / Dean Approval

Submit completed form with original receipts to the University Research Office / Finance Department.