FEDERAL RESEARCH GRANT EXPENDITURE INVOICE

INVOICE NUMBER

GRANTEE INSTITUTION
DEPARTMENT / UNIT
PRINCIPAL INVESTIGATOR
FEDERAL AWARD ID (FAIN)
BILLING PERIOD
CFDA NUMBER

Budget Category (Uniform Guidance)	Prior Cumulative	Current Period	Cumulative Total
Direct Labor / Personnel			
Fringe Benefits			
Equipment (>$5,000)			
Supplies & Materials			
Travel (Domestic/Foreign)			
Subawards / Consortia			
Other Direct Costs			

Budget Category (Uniform Guidance)	Prior Cumulative	Current Period	Cumulative Total
Total Direct Costs			
Indirect Costs (F&A Rate: ____%)			
TOTAL EXPENDITURES			

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

AUTHORIZED INSTITUTIONAL REPRESENTATIVE SIGNATURE
DATE