

RESEARCH INVOICE

[University/Institution Name]
[Department/Faculty]
[Laboratory Name]
[Institutional Address]

Invoice #: [00000]
Date: [YYYY-MM-DD]
Grant/Project ID: [Reference Number]

BILL TO:

[Sponsoring Organization/Client Name]
[Contact Person]
[Billing Address]
[Tax ID/VAT Number]

PRINCIPAL INVESTIGATOR:

[Professor Name]
[Email Address]
[Phone Number]

| Description of Research Services / Deliverables | Units/Hrs | Rate | Amount |
|--|-----------|--------|--------|
| [Itemized Research Phase, e.g., Data Collection] | [0.0] | [0.00] | [0.00] |
| [Laboratory Usage / Consumables] | [0.0] | [0.00] | [0.00] |
| [Specialized Equipment Access Fee] | [0.0] | [0.00] | [0.00] |

Subtotal: \$[0.00]
Institutional Overhead ([%]): \$[0.00]

Total Balance Due: \$[0.00]

PAYMENT INSTRUCTIONS:

Wire Transfer: [Bank Name] | SWIFT/BIC: [Code] | Account: [Number]

Please include Invoice Number as payment reference.

TERMS:

Payment due within [30] days. Research intellectual property rights governed by Agreement [Ref #].