

GRANT REIMBURSEMENT INVOICE

Invoice #

Date

Principal Investigator / Claimant

Department / Institutional Unit

Grant Project Title

Grant/Fund Award ID

Date	Description / Purpose of Expenditure	Category (Travel/Supply/Equip)	Amount

Subtotal: \$ _____

Indirect Costs (%): \$ _____

TOTAL REIMBURSEMENT: \$ _____

Principal Investigator Signature

Date: _____

Grant Officer / Institutional Approval

Date: _____