

# RESEARCH GRANT INVOICE

Grant ID: [Grant Number]  
Project: [Interdisciplinary Study Title]

Invoice #: [000]  
Date: [MM/DD/YYYY]

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**Lead Institution (Payee)** [Name of Department/University]

[Principal Investigator Name]

[Address Line 1]

[City, State, Zip]

**Funding Agency (Payer)** [Organization Name]

[Grant Management Office]

[Address Line 1]

[City, State, Zip]

**Budget Allocation & Expenditure**

Discipline / Department	Description of Activities/Items	Units/Hours	Amount
[Department A]	[Personnel / Equipment / Fieldwork]	[Qty]	\$0.00
[Department B]	[Data Analysis / Lab Supplies]	[Qty]	\$0.00
Overhead	Indirect Costs ([%] Rate)	-	\$0.00
<b>Total Amount Due:</b>			<b>\$0.00</b>

**Payment Instructions**

Bank Name: [Name]

Account Name: [Name]

SWIFT/BIC: [Code]

Account/IBAN: [Number]

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Principal Investigator Signature: \_\_\_\_\_  
Financial Officer Signature: \_\_\_\_\_