

# RESEARCH GRANT INVOICE

[University or Research Institution Name]  
[Department Name]

**Invoice #:** [000-000]  
**Date:** [DD/MM/YYYY]  
**Grant Ref:** [Project ID / Code]

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## GRANTOR / FUNDING AGENCY

[Organization Name]  
[Contact Person / Program Officer]  
[Street Address]  
[City, State, Zip, Country]

## PRINCIPAL INVESTIGATOR

[Name and Title]  
[Email Address]  
[Phone Number]

Description of Expenditure / Milestone	Category	Amount ([Currency])
[Milestone Name or Personnel Cost Detail]	[Personnel/Equipment]	0.00
[Research Consumables / Lab Supplies]	[Operating]	0.00
[Travel & Subsistence for Fieldwork]	[Travel]	0.00
[Indirect Costs / Institutional Overhead]	[Overhead]	0.00

Subtotal: 0.00

Tax/VAT (if applicable): 0.00

Total Claim Amount: [Currency] 0.00

**PAYMENT INSTRUCTIONS (INTERNATIONAL WIRE)**

Bank Name: **[Name]** Account Holder: **[Name]** IBAN: **[Number]** SWIFT/BIC: **[Code]** Routing/Sort  
Code: **[Number]** Currency: **[Specific Currency]**

I hereby certify that the above expenses have been incurred in accordance with the grant agreement terms.

Authorized Signature / Financial Officer