

GRANT ALLOCATION INVOICE

Reference: [Grant ID Number]

Date: [DD/MM/YYYY]

Invoice #: [000000]

FUNDING AGENCY / INSTITUTION

[Organization Name]
[Department/Division]
[Address Line 1]
[City, State, Zip]

PRINCIPAL INVESTIGATOR / LAB

[PI Name]
[Laboratory Name]
[University/Research Center]
[Project Title]

Allocation Category	Description / Justification	Grant Code	Amount
Personnel & Stipends	[Post-doc/Graduate Research Assistantships]	[GL-101]	\$0.00
Equipment & Hardware	[Specific Laboratory Instrumentation]	[GL-202]	\$0.00

Allocation Category	Description / Justification	Grant Code	Amount
Consumables / Reagents	[Chemicals, Assays, Lab Supplies]	[GL-303]	\$0.00
Travel & Dissemination	[Conference Fees and Field Work]	[GL-404]	\$0.00

Subtotal: \$0.00
 Indirect Costs (F&A): \$0.00
 Total Allocation: \$0.00

Authorization: This allocation is subject to the terms and conditions of the research grant agreement. Funds must be utilized within the current fiscal period.

Authorized Signature: _____ Date: _____