

RESEARCH INVOICE

National Science Foundation (NSF) Grant Reimbursement

REMIT TO (Institution Name):

Address:

Invoice Number:

Date:

Performance Period:

NSF Award Number:

Project Title:

Principal Investigator (PI):

Budget Category / Description	Current Period	Cumulative to Date
Direct Salaries & Wages		
Fringe Benefits		
Equipment		
Travel		
Materials & Supplies		
Subawards		
Other Direct Costs		
Indirect Costs (F&A) Rate: _____%		
TOTAL AMOUNT CLAIMED		

Certification: I certify to the best of my knowledge and belief that this report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award.

Authorized Signature:

Title: