

RESEARCH GRANT INVOICE

Invoice #: _____
Date: _____

Fellow Information:

Name: _____
Fellowship ID: _____
Department: _____
Institution: _____

Bill To (Granting Agency):

Organization: _____
Contact Name: _____
Address: _____
Grant Reference: _____

Description of Expenditure / Budget Line	Period	Amount
Postdoctoral Stipend / Salary		
Research Supplies & Consumables		
Travel & Conference Dissemination		
Publication Fees (OA Charges)		
Institutional Overheads / Indirect Costs		
TOTAL REQUESTED:		

Payment Instructions (Bank Transfer Details):

Bank Name: _____
Account Holder: _____
SWIFT/BIC: _____ IBAN: _____

Principal Investigator / Fellow Signature:
Institutional Finance Officer Approval: