

INVOICE

Institution/Researcher: [Name/Organization]

Invoice #: [0000]

Date: [YYYY-MM-DD]

BILL TO:

[Granting Agency/Foundation Name]

[Department/Program]

[Street Address]

[City, State, Zip]

GRANT DETAILS:

Grant ID: [Project-ID-Number]

Project Title: [Research Title]

Principal Investigator: [PI Name]

Expense Category	Description / Line Item	Amount
Personnel	Research Assistant Stipends (Period: [Date - Date])	\$0.00
Data Collection	Participant Incentives / Survey Distribution	\$0.00
Field Work	Travel, Lodging, and Subsistence	\$0.00

Expense Category	Description / Line Item	Amount
Dissemination	Publication Fees / Conference Registration	\$0.00
Indirect Costs	Institutional Overhead ([X]%)	\$0.00
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Subtotal: \$0.00		
Total Amount Requested: \$0.00		

PAYMENT INSTRUCTIONS:

Bank Name: [Name]
Account Holder: [Name]
Account Number / IBAN: [Number]
Routing / SWIFT: [Code]

I certify that the above expenses are actual, necessary, and incurred for the purposes of the research grant stated above.

Signature: _____ Date: _____