

[University Name]

Office of Sponsored Programs
[Department Address]
[City, State, Zip Code]

INVOICE

Invoice #: _____
Date: _____
Period: _____

Bill To:

[Sponsoring Agency Name]
[Contact Person/Department]
[Agency Address]
[City, State, Zip Code]

Project Reference:

Grant ID: _____
Project Title: _____
Principal Investigator: _____

Budget Category	Description	Current Amount	Cumulative
Personnel	Salaries and Wages	\$ 0.00	\$ 0.00
Fringe Benefits	Calculated Benefits	\$ 0.00	\$ 0.00
Equipment	Capital Assets	\$ 0.00	\$ 0.00

Budget Category	Description	Current Amount	Cumulative
Supplies	Lab and Office Materials	\$ 0.00	\$ 0.00
Travel	Research Related Travel	\$ 0.00	\$ 0.00
Indirect Costs	F&A Rate (___%)	\$ 0.00	\$ 0.00

Total Amount Due: \$ 0.00

Certification:

I certify that all expenditures reported herein are appropriate and in accordance with the terms and conditions of the research agreement.

Authorized Financial Officer Signature

Remit payment to: [University Name] - Bursar's Office, [Address Information]

Federal Tax ID: [XX-XXXXXXX] | System for Award Management (SAM) Unique Entity ID:
[XXXXXXXXXXXXXX]