RESEARCH GRANT INVOICE

Invoice Date:
Invoice #:

Principal Investigator / Department:
Grant / Project ID:
Funding Agency / Institution:
Budget Period:

Budget Code	Description of Expenditure	Qty/Hrs	Total Amount

Direct Costs: $ _____
Indirect Costs (F&A): $ _____
TOTAL CLAIM: $ _____

Certification: I certify that the above expenditures are true, correct, and represent actual costs incurred for the purposes of the stated research project in accordance with university and grantor guidelines.

Principal Investigator Signature

Office of Research/Finance Approval