

[UNIVERSITY NAME]

Project Grant Invoice

GRANTEE INFORMATION

Principal Investigator: _____

Department: _____

Project Title: _____

Grant/Award #: _____

INVOICE DETAILS

Invoice Number: _____

Invoice Date: _____

Billing Period: _____

Project ID/Chartfield: _____

EXPENDITURE BREAKDOWN

Budget Category / Description	Approved Budget	Prior Expended	Current Period	Cumulative
Personnel (Salaries & Wages)				
Fringe Benefits				
Equipment & Supplies				
Travel				
Other Direct Costs				
Indirect Costs (F&A)				

Total Current Request: \$ _____

Remaining Balance: \$ _____
TOTAL AMOUNT DUE: \$ _____

CERTIFICATION

I certify that all expenditures reported herein are for appropriate purposes and in accordance with the agreements set forth in the application and award documents.

Authorized Financial Officer Signature

Date