

INVOICE

Organization Name: [Enter Name]

UEI/DUNS: [Enter Number]

Invoice #: [000-00]

Date: [MM/DD/YYYY]

Period of Performance: [Start] - [End]

Bill To:

[Federal Agency Name]

[Department/Office]

[Address City, State, Zip]

Grant Details:

Federal Award ID (FAIN): [Number]

CFDA Number: [Number]

Project Title: [Title]

Budget Category / Line Item	Approved Budget	Previous Cumulative	Current Period	Balance Remaining
Personnel / Salaries	\$0.00	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00
Supplies & Materials	\$0.00	\$0.00	\$0.00	\$0.00

Budget Category / Line Item	Approved Budget	Previous Cumulative	Current Period	Balance Remaining
Contractual / Consultants	\$0.00	\$0.00	\$0.00	\$0.00
Other Direct Costs	\$0.00	\$0.00	\$0.00	\$0.00
Indirect Costs (Rate: ___%)	\$0.00	\$0.00	\$0.00	\$0.00

Total Current Request: \$0.00

Recipient Share (Match): \$0.00

Total Federal Share: \$0.00

Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award.

Authorized Signature

Date

Title