UNIVERSITY NAME

OFFICE OF RESEARCH & SPONSORED PROGRAMS

INVOICE

Invoice #: _____
Date: _____

SPONSOR INFORMATION

Organization: _____
Attention: _____
Address: _____
City, State, Zip: _____

PROJECT REFERENCE

Project Title: _____
Principal Investigator: _____
Grant/Contract ID: _____
Period of Performance: _____

Description of Research Services / Deliverables	Category	Amount
_____	Direct Costs	$ _____
_____	Personnel/Labor	$ _____
_____	Materials/Equip	$ _____

Description of Research Services / Deliverables	Category	Amount
Facility & Administrative (F&A) / Indirect Costs (___%)	Overhead	$ _____

Subtotal: $ _____

Total Due: $ _____

Payment Instructions: Please make checks payable to "University Name". Reference the Invoice Number on all remittances.

Wire Transfer: Bank: _____ | Account: _____ | Routing: _____

Thank you for supporting academic research.