

# [University Name]

[Office of Research & Sponsored Programs]

[University Address]

[Tax ID / EIN Number]

## GRANT INVOICE

### DONOR / FUNDING AGENCY

[Name/Organization]

[Address Line 1]

[City, State, Zip]

[Contact Email/Phone]

### INVOICE DETAILS

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

Grant ID: \_\_\_\_\_

Project Period: \_\_\_\_\_

Research Project Description	Amount
<p><b>Project Title:</b> [Insert Project Title]</p> <p><b>Principal Investigator:</b> [Name/Department]</p> <p><b>Description:</b> [Purpose of Grant/Donation]</p>	\$
	<b>Total Donation</b> \$

### PAYMENT INSTRUCTIONS

Make all checks payable to: **[Legal University Name]**  
For Wire Transfers: [Bank Name]  
Routing: [Number] | Account: [Number]

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Authorized University Signature

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This contribution may be tax-deductible. Please consult your tax advisor.  
Thank you for supporting academic research and innovation.