

SAMPLE INVOICE

INVOICE NO:

DATE:

___ Interim ___ Final

Subrecipient Phone #:

INVOICE PERIOD:

Subrecipient Fax:

Total Period of Performance

Subrecipient

EIN:

Subagreement #:

SEND TO: [Email or physical address of PSU Financial Contact\(s\)](#)

EXPENDITURE CATEGORY	CURRENT		CUMULATIVE	
	Expenses	Cost Sharing	Expenses	Cost Sharing
Salaries & Wages	\$	\$	\$	\$
Fringe	\$	\$	\$	\$
Materials and Supplies	\$	\$	\$	\$
Domestic Travel	\$	\$	\$	\$
Foreign Travel	\$	\$	\$	\$
Capital Equipment	\$	\$	\$	\$
Contractual	\$	\$	\$	\$
Tuition Remission	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total Direct Costs	\$	\$	\$	\$
Indirect Costs (_____%)	\$	\$	\$	\$
Totals	\$0.00	\$0.00	\$0.00	\$0.00

Please Pay this amount

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. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729–3730 and 3801–3812).

Signature

Name

Title

Date

Make all checks payable to: (Subcontractor Name)