

SAMPLE INVOICE (on Institutional Letterhead)

Bill to: Yale University
 c/o Shared Services – SubK Invoices
 PO Box 208383
 New Haven, CT 06520-8383
 Email: YSS.subcontracts@yale.edu

Invoice Date:
 Invoice Number:
 Subaward Period of Performance:
 Award Amount:
 Investigator:
 Subaward Number:

Remit to:

Did your institution receive prepayments /
 advance payments for this project?

Billing Period: From _____ to _____

Expenditures for the Period: _____

| | Current Costs | Cumulative Costs |
|------------------------|---------------|------------------|
| Faculty Salaries | | |
| Staff Salaries | | |
| Employee Benefits | | |
| Equipment | | |
| Travel | | |
| Meals | | |
| Materials and Supplies | | |
| Services | | |
| Other Expenses | | |

| | | |
|--|-----------|----|
| Total Direct Costs | \$ | \$ |
| Indirect Costs Rate: % | \$ | \$ |
| Total Amount | \$ | \$ |
| Total Payments (including prepayments) received to date: | _____ | \$ |
| Total to be Paid This Invoice: | \$ | |

(Required certification for federal subawards)

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).

 Name and Title Date

For questions regarding invoicing, please contact **[insert name and contact information]**