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:

Billing Period: From _____ to _____

MILESTONE/DELIVERABLE	AMOUNT
Performed Milestone/Deliverable X per (insert Subaward Number) Submitted to PTE PI on (insert date)	

AMOUNT NOW DUE:

(**Required 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. 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 phone number)

Please send remittance to (insert address)