**Subaward Invoice**

**Organization Name:** *Name of funded organization*

**Please remit payment to**

[Billing Address]

**Purchasing Order (PO) Number:** *PO or subaward number. Refer to your contract.*

**Invoice Number:** *This number should be unique (ex. “Your PO number-001”, “PO number-002”, etc.).*

**Total Budget Amount***: The total amount of funding approved for your project.*

**Project Budget Period:** *Start and end dates of project performance period.*

**Invoice/Billing Period:** *Start and end dates of billing period.*

**Date of Invoice Submission:** *MM/DD/YYYY*

| **Budget Category** | **Expenses for Invoice Period** | **Cumulative Expenses** |
| --- | --- | --- |
| *List budget category (ex. Personnel)* |  |  |
| *List budget category (ex. Travel)* |  |  |
| *List budget category (ex. Supplies)* |  |  |
| *List budget category (ex. Other)* |  |  |
| *List budget category (ex. Other)* |  |  |
| Indirect/F&A |  |  |
| **Totals** |  |  |

**Total Award Amount:** *The total amount of funding approved for your project.*

**Total Award Funds Remaining:** *The total amount of funds remaining at the time of this invoice.*

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)

|  |  |
| --- | --- |
| **Preparer’s Signature** |  |
| **Preparer Name and Title** |  |
| **Preparer’s Phone** |  |
| **Preparer’s Email** |  |