

SUBRECIPIENT INVOICE

Remit Payment To:

Subrecipient Name:

Invoice Number: _____

Subrecipient Address:

Invoice Date: _____

PO Number: _____

Sponsor:

Indiana University
IU AP Billing
PO Box 4527
Scranton, PA 18505

Project Title: _____

Subaward PI Name: _____

Email invoice to: invoice@iu.edu

Project Dates: Start: _____ End: _____

Subaward Number: _____

Award Amount: _____

Check if Final Invoice

Invoice Period: _____ to _____

Expense Categories	Current	Cumulative	Cost Share	Cost Share Cumulative
Total Direct Costs				
Indirect Cost @ 0.0 %				
TOTAL				

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 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).

Verify the following statements are true (use check box):

A Detailed Transaction Listing is attached to this invoice

A Labor Detail is attached to this invoice

Invoice billing period is not greater than three months

Exchange rate was calculated using the last day of the invoice billing period (if applicable)

Subrecipient authorized representative title

Subrecipient authorized signature and date

Phone number

Email address

Effective: 7/01/19