

**SUBRECIPIENT INVOICE**

Remit Payment To:

Subrecipient Name:

Invoice Number: \_\_\_\_\_

Subrecipient Address:

Invoice Date: \_\_\_\_\_

PO Number: \_\_\_\_\_

Sponsor:

Indiana University  
IU Accounts Payable  
400 E. 7th Street, Room 021  
Bloomington, IN 47405-3003

Project Title: \_\_\_\_\_

Subaward PI Name: \_\_\_\_\_

Email invoice to: [invoice@indiana.edu](mailto:invoice@indiana.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
<b>Total Direct Costs</b>				
Indirect Cost @ 0.0 %				
<b>TOTAL</b>				

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