

SAMPLE SUBCONTRACT INVOICE

University of Delaware
 Research Office
 210 Hullahen Hall
 University of Delaware
 Newark, DE 19716

Invoice Date:

Invoice Number:

SUBCONTRACT NO:

*This references the subcontract from which these expenses are paid. ****Very Important!*****

Submit to:

Subaward-invoices@udel.edu

REFERENCE: Project Title & Project Director

Description	Budget	Current Amount	Cumulative Amount
Billing period for expenses being claimed: xx/xx/xx - xx/xx/xx			
Salary and Wages			
Fringe Benefits			
Travel			
Materials and Supplies			
Other Direct Costs			
Facilities and Admin. Costs			
Total	Total	Total	Total
<p>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.</p>			
Signature			
<p>Please contact _____ at 555-555-5555 or contact@_____ if you have questions regarding this invoice.</p>			

Absolutely essential to pay invoice. Dates must fall within agreed-upon period in subcontract.

NOTE: Expenses being claimed should be via line item as allocated in budget.

Contact & their information in case of questions.

Remit payment to:

Vendor name and complete address

Current address info. for mailing payments.