



INVOICE

Utah State University

LEA: _____ School: _____

Remittance Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

ATTN: Sponsored Programs

Invoice Number _____

Invoice Date _____

USU Subaward Number _____

Accounting
Utah State University Controller's Office
2400 Old Main Hill
Logan, UT 84322-2400

Project Title: _____

Period of Invoice: _____ - _____
Start Date End Date

Expenditures

	Current	Cumulative
Salaries		
Benefits		
Travel & Prof. Dev.		
Other Direct Costs		
Indirect Costs		
Total		

Cost Share

	Current	Cumulative
Salaries		
Benefits		
Travel & Prof. Dev.		
Other Direct Costs		
Indirect Costs		
Total		

I certify to the best of my knowledge and belief that all expenditures reported are for appropriate purposes and in accordance with the agreement set forth in the proposal and subaward documents.



Utah State University

Name, Title

Signature

Date

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