

SAMPLE SUBCONTRACT INVOICE

**Your
organization's
logo/letterhead.**

TO:
 Brenda Duggins
 Southern Risk Management Education Center
 2301 S. University Ave.
 Little Rock, AR 72204

Invoice Date:

**INVOICE NUMBER
(MUST BE UNIQUE)**

SUBAWARD NO: 21663-_____

REFERENCE: Project Title and Project Director

BILLING PERIOD: (EX.) 07/01/2013-07/31/2013 (Must fall within your subcontract period)

Description	Budget Amount	Current Amount	Cumulative Amount
<p>(Expenses being claimed should be via line item as allocated in your approved budget. The cumulative amount billed should not exceed the budgeted amount in a category.)</p>			
<p>Salaries & Wages Fringe Benefits Travel Services Materials & Supplies Equipment Facilities & Admin Costs Other Direct Costs (Itemized/Described Below)</p>	Total	Total	Total
<p>Certification Statement</p> <p>I certify that all the expenditures reported are for appropriate purposes and in accordance with the agreement set forth in the applications and award documents.</p> <p>_____</p> <p>Signature</p> <p>Please contact _____ at 555-555-5555 or _____@_____ if you have any questions regarding this invoice.</p>			

Remit Payment to:

Vendor Name and Complete Mailing Address