

INVOICE

Vendor Name: _____

Vendor Address: _____

ISU Contract No.: (Project #) _____ (PO #) _____ (Fund Acct #) _____

Invoice Period: _____

Invoice Number: _____

	Budget	Previously Reported	Current Period Expended	Expended To Date
Salaries and Wages				
Payroll Benefits				
Equipment > \$5,000				
Travel-Domestic				
Travel-Foreign				
Student Tuition				
Supplies & Materials				
Subcontracts				
Consultants				
Other Direct Costs (Detailed Below)				
Total Costs				
Total Due This Invoice				

Final Invoice (circle): **Yes** **No**

I certify that to the best of my knowledge all expenditures reported, or payments requested, are appropriate and in accordance with the agreement set forth in the award documents.

Authorized Signature

Title

Date

Phone Number