## INVOICE

DATE:

Invoice Period:

Bill To: The University of Iowa Grant Accounting Office 201 S. Clinton Street, 2410 UCCC Iowa City, IA 52242

Submit to: uigao-subawardeeinvoices@uiowa.edu

 

 EXPENSES FOR REIMBURSEMENT

 Line Item Budget Categories
 Budget
 Current Billing
 Cumulative Billing

 Image: Subtotal
 Image: Subtotal
 Image: Subtotal
 Image: Subtotal

 Grand Total:
 Image: Subtotal
 Image: Subtotal
 Image: Subtotal

COST SHARE EXPENSES	
(if applicable)	
Current	Cumulative
Cost Share	Cost Share

## Total payment requested for costs incurred:

"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)"

Signature of Preparer:\_

Name, Title: Phone No: E-Mail Address:

PLEASE REMIT PAYMENT TO:

Invoice No. :

University of Iowa's Subaward PO No.: University of Iowa's G/P No.: Subaward Period of Performance: Project Title: Contract Amount: Subawardee's Reference No.: