

## SAMPLE SUBCONTRACT INVOICE

**TO:**

Katherine M. Lyons  
 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!\*\****

**REFERENCE:** Project Title & Project Director

Description	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
<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>Signature _____</p> <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.*