INVOICE FOR SUBCONTRACT WITH FLORIDA A&M UNIVERSITY

Date: _____

To: Florida A&M University
Division of Research
Office of Sponsored Programs/Contracts and Compliance
400 Foote-Hilyer Administration Center
Tallahassee, FL 32307-3200

From: _____
_____
_____

Contract Number:_____ Project Number: _____
Agreement Title:_____
PO Number: _____ Invoice Number: _____
Federal ID Number: _____ CFDA Number: _____
Invoice Period: _____

Analysis of Claimed and Cumulative Costs

Cost Categories	Match Amount	Amount for Current Period	Cumulative Amount Requested
Salaries/Wages			
Fringe Benefits			
Consultants			
Materials and Supplies			
Travel			
Participant Cost(s)			
OCO/Equipment			
Other Expenses			
Facilities & Administration (F&A) Costs			
Total Amount Requested			

I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documentation.

_____

Signature Type or Print Name Title

Please attach a justification of **all** expenses as it relates to the program goals listed in Attachment 2 Statement of Work. Please identify the program goal to the expense.

ALL invoices must be submitted by e-mail: subrecipientinvoice@famu.edu or at the address listed above. Noncompliance of terms/conditions will result in withholding/withdrawal of applicable funding.

If you have any questions, please contact Ebonee Dennis at (850) 561-2868