

# **Adjusted Invoice Request Form**

Fill out this form and route to Sponsored Programs Services to request an invoice containing adjusted expenses be submitted to the sponsor. It is expected that the appropriate forms are processed in a timely manner to bring expenses posted in AIS in line with those reported to the sponsor.

Invoice Type:

## **Award Information:**

Award Number:

Home Account:

Adjusted Invoice  
Amount:

Adjusted Cumulative  
Expenses:

## **Justification:**

## **Adjustment Detail:**

If the sponsor requires expense detail, include applicable backup documentation with the form.

Account Number:

Account Number:

Object:

Adjustment:

Object:

Adjustment:

Object:

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Adjustment:

## **Authorization:**

I certify the expense adjustments requested are appropriate and meet the approved budgetary guidelines and requirements of the sponsor. If the adjustments do not post as indicated within 180 days past term, I authorize Sponsored Programs Services to proceed with clearing any overdrafts to the guarantee account provided below or processing a refund to the agency.

Guarantee Account:

Expenditure Authority Printed Name:

Expenditure Authority Signature:

Date:

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