

Attachment 6 – Sample Invoice

*This references the subcontract from which these expenses are paid. ** Very important! ***

Email Invoices to SPS@WSU.EDU

Bill to:

Sponsored Programs Services
 Washington State University
 PO Box 641025/240 French Admin Bldg
 Pullman WA 99164-1025

Subcontract No. <140322-WSU _____ >

Invoice No. < _____ >

Not required but makes a good tracking tool

<Invoice Date>

Reference: <Project Title &/or Principal Investigator>

Billing period for expenses being claimed: xx/xx/xx - xx/xx/xx

Absolutely essential to pay invoice. Dates must fall within agreed-upon period in subcontract.

Current Period Expenditures

Cumulative Expenditures

- Salaries
- Wages
- Benefits
- Travel
- Supplies
- Services
- Equipment
- Other expenses <itemized/described below>

NOTE: Expenses being claimed should be via line item as allocated in budget.

Total Direct Costs

F & A Costs (Indirect Costs)

Total Amount this Invoice

\$ XX,XXX.00

Please contact _____ at 555-555-5555 or contact @ _____ if you have questions regarding this invoice.

Remit payment to: <Vendor name and complete address>

Complete contact information in case of questions.

Current address info for mailing payments.

NOTE: This is a sample of a very generic invoice depicting the basic necessities for enhancement of payment processing.

INVOICE

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Bill to:

Sponsored Programs Services
Washington State University
PO Box 641025/240 French Admin Bldg
Pullman WA 99164-1025

Subcontract No. WSU _____

Invoice No. _____

Invoice Date: _____

Reference:

Billing period for expenses being claimed :

| | <u>Current Period</u> <u>Expenditures</u> | <u>Cumulative</u> <u>Expenditures</u> |
|---|--|--|
| Salaries | | |
| Wages | | |
| Benefits | | |
| Travel | | |
| Supplies | | |
| Services | | |
| Equipment | | |
| Other expenses <itemized/described below> | | |
| Total Direct Costs | | |
| F & A Costs (Indirect Costs) | | |
| Total Amount this Invoice | | \$ _____ |

Please contact _____ at - _____ or contact _____ @ _____
if you have questions regarding this invoice.

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 this 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.

Signature: _____

Remit Payment to: