

Reporting: Invoice

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Invoice (a)

OMB Control Number = (2035.NEW), Expiration Date = (dd/mm/yyyy)

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. OMB Control Number: 2035-NEW. Responses to this collection of information are mandatory [2 CFR Part 200]. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information is estimated to be 3 hours. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to Director, Information Engagement Division; U.S. Environmental Protection Agency (2821T); 1200 Pennsylvania Ave., NW; Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Sample Subawardee University

Remit Payment To:

Address

City, State, Zip

Agreement Number

Invoice Date:

Project Title:

Subawardee Principal Investigator:

Invoice Number:

Subawardee Account Number:

Invoice Amount: \$ -

Due upon receipt

Category	Project Period			Invoice Period	
	From:	Start date	From:	Start date	
	To:	End date	To:	End date	
Budget	Current Expenses	Cumulative Expenses	Current Cost Sharing	Cumulative Cost Sharing	
Salary & Wages	0.00	0.00	0.00	0.00	0.00
Total Indirect Cost Base	0.00	0.00	0.00	0.00	0.00
Employee Benefits	0.00	0.00	0.00	0.00	0.00
Travel - Domestic	0.00	0.00	0.00	0.00	0.00
Travel - Foreign	0.00	0.00	0.00	0.00	0.00
Services	0.00	0.00	0.00	0.00	0.00
Materials and Supplies	0.00	0.00	0.00	0.00	0.00
Publication Costs	0.00	0.00	0.00	0.00	0.00
Conference & Seminars	0.00	0.00	0.00	0.00	0.00

Category	Budget	Current Expenses	Cumulative Expenses	Current Cost Sharing	Cumulative Cost Sharing
Other Direct Expenses	0.00	0.00	0.00	0.00	0.00
Other Direct Expenses	0.00	0.00	0.00	0.00	0.00
Student Aid	0.00	0.00	0.00	0.00	0.00
Capital Equipment & Fabrication in Progress	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00
Total Exclusions from base	0.00	0.00	0.00	0.00	0.00
Total Direct Expenses	0.00	0.00	0.00	0.00	0.00
Indirect Expenses	0.00	0.00	0.00	0.00	0.00
Total Costs	0.00	0.00	0.00	0.00	0.00
Amounts advances to Sub or paid to date					
Any other adjustments (see Notes)					
Total Request for Payment		0.00			

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).

Notes:

Signature (electronic or ink)

Name, Title

For questions regarding this invoice, please contact [Name, Email, Phone]

Invoice (b)

OMB Control Number = (2035.NEW), Expiration Date = (dd/mm/yyyy)

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Grantee:	INSERT	
Grant Number:	INSERT	
Grant Start Date:	INSERT	
Grant End Date:	INSERT	
Total Grant Amount:	\$20,000.00	(A)
Total Payments Received from [Redacted] To-Date	\$3,000.00	(B)
Report Date:	INSERT	
Report Number:	INSERT	
Reporting Period:	INSERT	

Expenditure by Major Line Item:

Line Items	(C) Budget Ceiling (US\$)	(D) Cumulative Expenses Reported in Prior Invoices (US\$)	(E) Expenses Incurred This Reporting Period (US\$)	(F) Cumulative Expenses to Date (US\$) (F = D + E)	(G) Budget Remaining (US\$) (G = C - F)	(H) Cash On Hand Remaining (H = B - F)	(I) Obligated Amount Remaining (US\$) (I = A - F)
1. Salaries	\$5,000.00	\$3,000.00	\$1,000.00	\$4,000.00	\$1,000.00		
2. Fringe Benefits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
3. Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		

4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
5. Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
6. Other Direct Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
7. Contracts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
7.1 <i>Contract #1</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
7.2 <i>Contract #2</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
8. Subgrants	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
8.1 <i>Subgrant #1</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
8.2 <i>Subgrant #2</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
<i>Subtotal Direct Costs</i>	\$5,000.00	\$3,000.00	\$1,000.00	\$4,000.00	\$1,000.00		
9. Indirect Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Total Direct & Indirect Costs	\$5,000.00	\$3,000.00	\$1,000.00	\$4,000.00	\$1,000.00	\$(1,000.00)	\$16,000.00

The undersigned hereby certifies that (i) the fiscal report and the attachments have been prepared from the books and records of the Grantee in accordance with the terms of this Grant, and to the best of my knowledge and belief, that they are 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 Grant; that the sum claimed under this Grant is proper and due, that all the costs of Grant performance have been paid by the Grantee, that the work reflected in the costs above has been performed, that the quantities and amounts involved are consistent with the requirements of this Grant, that all required [Redacted] approvals have been obtained and are attached, and (ii) appropriate refund to [Redacted] will be made promptly in the event of disallowance of costs not reimbursable under this Grant.

SIGNED: _____
By: _____
Title: _____
Date: _____

Milestones and Invoice

OMB Control Number = (2035.NEW), Expiration Date = (dd/mm/yyyy)

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Sample Subawardee

Remit Payment To:
Address
City, State, Zip

Agreement Number

Invoice Date:

Project Title:

Subawardee Principal Investigator:

Invoice Number:

Subawardee Account Number:

Invoice Amount:

\$-

Project Period

Invoice Period

From:

Start date

From:

Start date

To:

End date

To:

End date

Category	Milestone Budget	Current Request	Cumulative Requests	Current Cost Sharing	Cumulative Cost Sharing
Milestone description	0.00	0.00	0.00	0.00	0.00
Milestone description	0.00	0.00	0.00	0.00	0.00
Milestone description	0.00	0.00	0.00	0.00	0.00
Milestone description	0.00	0.00	0.00	0.00	0.00

Category	Milestone Budget	Current Request	Cumulative Requests	Current Cost Sharing	Cumulative Cost Sharing
Milestone description	0.00	0.00	0.00	0.00	0.00
Milestone description	0.00	0.00	0.00	0.00	0.00
Total milestone costs	0.00	0.00	0.00	0.00	0.00
Indirect costs (if not part of milestones)					
Other (specify in notes below)					
Total Costs	0.00	0.00	0.00	0.00	0.00

Amounts advanced, if any	
Total Request for Payment	0.00

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).

I further certify:

- ___ All milestones for which payment has been requested has been completed in accordance with the agreement and scope of work
- ___ There has been no change in the scope of work
- ___ There has been no change in the level of participation by the key personnel
- ___ All required cost sharing has been met or is on schedule to be met in accordance with the project.
- ___ There is no anticipated need for fund for completion of the project beyond those contemplated in the agreement.

Notes:

Signature (electronic or ink)

Name, Title

For questions regarding this invoice, please contact [Name, Email, Phone]

Milestones, Deliverables, and Invoice (a)

OMB Control Number = (2035.NEW), Expiration Date = (dd/mm/yyyy)

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Grantee:	INSERT
Grant Number:	INSERT
Grant Start Date:	INSERT
Grant End Date:	INSERT
Total Grant Amount:	\$
Total Payments Received from [Redacted] To-Date	\$
Report Date:	INSERT
Report Number:	INSERT
Reporting Period:	INSERT

In accordance with the payment terms of Grant Award No. **XXX** under the [name of project/Activity], [Grantee name] hereby requests payment for the following milestones completed under the grant award:

Milestone No.	Milestone Description	Deliverables Completed and Submitted	Payment Amount
XXX	Insert Milestone Description, as listed in the Milestone Schedule in the Grant	Insert Documents Submitted, as required by Milestone Schedule in the Grant	Insert the amount of the milestone – note it must be the same amount as stated in the Grant
XXX	Insert Milestone Description, as listed in the Milestone Schedule in the Grant	Insert Documents Submitted, as required by Milestone Schedule in the Grant	Insert the amount of the milestone – note it must be the same amount as stated in the Grant
XXX	Insert Milestone Description, as listed in the Milestone Schedule in the Grant	Insert Documents Submitted, as required by Milestone Schedule in the Grant	Insert the amount of the milestone – note it must be the same amount as stated in the Grant
TOTAL INVOICE AMOUNT			XXX

[Grantee name] confirms that the Milestone(s) has(have) been completed and the required documentation, as listed above and stated in the Grant, has been submitted to [Redacted]. In recognition of the above, the [Grantee name] hereby requests funds in the total amount of the above milestone(s).

Certification

By signing below, I certify that: (i) the milestone(s) has(have) been achieved; (ii) that payment of the sum claimed in this request is proper and due, in accordance with the grant award, and that all payments provided by [Redacted] have been used solely for the purposes described in the Grant Award and in accordance with the terms and conditions therein; and, (iii) that appropriate refund or credit to the Grant Award will be made in the event of a disallowance in accordance with the terms of the Grant Award, for nonperformance in whole or in part under this Grant Award.

Grantee Signature:

Date:

Name of Authorized Signatory (printed):

Title:

FOR INTERNAL USE ONLY
I have reviewed the invoice, milestone certification, and submitted documentation for each milestone and have found it to be accurate and complete with respect to the terms and conditions of the Grant Award. It is fair and reasonable to certify that the milestone(s) has(have) been achieved.
Authorized Staff Signature:
Date:
Name:
Title:

Milestones, Deliverables, and Invoice (b)

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Grantee Name: _____
Date Completed: _____

Grant Number: _____
Version Number: _____

Please complete the fields below. Include numerical targets where appropriate (e.g. number of people at an event, number of resources distributed, etc.)

Activity	Milestone	Deliverable #	Deliverable	Payment Schedule	Partial Payments	
Signing of Award	Fixed Amount Award Signed and Executed		Fixed Amount Award signed and executed by Authorized Agent and countersigned by [Redacted]			
Activity #1: [Description]	Milestone 1a: [Description] Milestone 1b: [Description]	1a. 1b.	[Deliverable Description]	Payment 1. [Amount]		
Activity #2: [Description]	Milestone 2a: [Description] Milestone 2b: [Description]	2a. 2b.	[Deliverable Description]	Payment 2. [Amount]		
Activity #3: [Description]	Milestone 3a: [Description] Milestone 3b: [Description]	3a. 3b.	[Deliverable Description]	Payment 3. [Amount]		

GRANTEE Authorized
Signatory:

Name [Printed]

Signature

Date

[Redacted] Authorized
Signatory:

Name [Printed]

Signature

Date