

Invoice Backup Documentation

School Information

School Name:

Street Address:

City:

State:

Zip Code:

Grant Information

Grant Number:

(H98230-XX-1-XXXX)

To ONR

Invoice Period

From *(MM/DD/YYYY):*

To *(MM/DD/YYYY):*

Lead Expenses		
Description of Charges	Current Expenditures	Cumulative Expenditures
Employee & Benefits		
Contracted Staff		
Travel		
Facilities		
Supplies/Equipment/Materials		
Other Costs		
F&A		
Total		

Subrecipient Expenses		
Subrecipient University	Current Expenditures	Cumulative Expenditures
Total		

Total Expenses		
Description	Current Expenditures	Cumulative Expenditures
Total for Lead		
Total for Subrecipients		
Overall Total		

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)

Printed Name

Date

Signature