

SAMPLE INVOICE
Please print on YOUR INSTITUTIONAL LETTERHEAD

Date: _____

Invoice # CASGXXXXXXXX

University of Alabama at Birmingham
Attn: Mary Wyatt Bowers
Dept. of Pediatrics, CHB 303
1600 7th Avenue South
Birmingham, AL 35233

Prime Contract # HHSN27220110003XC
Subcontract # 000406 XXX-XXX

Project Name: _____

Principal Investigator: _____

Invoice for period from MM/DD/YYYY through MM/DD/YYYY

<u>ITEM</u>	<u>Amount Invoiced for Current period</u>	<u>Cumulative Expenses to date</u>
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Salary
Fringe
Other direct costs

Indirect costs
Subject enrollment *

TOTAL

** Please attach "per subject" invoice for each enrollment.*

Subcontractor hereby certifies that each submitted invoice reflects accurate, allowable and verifiable expenses incurred in accordance with the period of performance and budget of the Subcontract.

Subcontractor signature