

Subawardee Invoice

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|--|----------------------------|-----|----|
| Subawardee Name | Subawardee Address | | |
| Subaward Number | | | |
| Issue Date | | | |
| Federal ID No. (If no FEIN, use DUNS number) | | | |
| Invoice Number | Is this the Final Invoice? | Yes | No |

| | |
|--|---|
| Billed to: University of Maryland, College Park Accounts Payable Office Chesapeake Building, Room 3101 College Park, Maryland 20742-3142 | Email: apadmin@umd.edu Phone: 301-405-2640 |
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| | | | |
|---|------------|---------------------------------|--------------------------|
| Total Period of Performance | Start Date | End Date | |
| Current Billing Period | Start Date | End Date | |
| | | (U.S. Dollars only) | (U.S. Dollars only) |
| | | (U.S. Dollars only) | Cumulative Costs to Date |
| Major Cost Category | | Current Period Costs | (including this period) |
| Personnel Salary and Wages | | | |
| Fringe Benefits (if charged as direct cost) | | | |
| Equipment (>\$5000 per item) | | | |
| Travel | | | |
| Material and Supplies | | | |
| Consultant Services | | | |
| Commercial Contractor Services | | | |
| Subaward Payments | | | |
| Other Direct Costs | | | |
| Direct Cost Subtotal | | | |
| Indirect Costs | | | |
| Total Cost | | | |
| Costs previously invoiced | | Please remit this amount | |
| Cost Share (this period) | | Total Cost Share to Date | |

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|--|----------------|
| Wire Transfer (Foreign Recipients Only) | |
| Bank Name | Street Address |
| Bank Account Name | |
| IBAN | Account Number |
| SWIFT Code | Account Type |
| Contact Name | Phone Number |

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|---|-------------|
| [Certification Must Appear on All Invoices] | |
| By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate and expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal 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) | |
| Authorized Accountant | |
| Signature | Date Signed |
| Name (print) | |