

**Attachment E—SAMPLE INVOICE FORMAT
(must be obtained & authorized by the Subrecipient)**

SUBMIT INVOICE TO:

UCLA DEPT
NAME OF FUND MANAGER
ADDRESS
CITY, STATE, ZIP

Project Title: "NAME"
UCLA Subaward Number:
UCLA FAU: 4-
UCLA Principal Investigator: Dr.

SUBRECIPIENT

XYX UNIVERSITY
123 College Drive
Anytown, CA 91111

Invoice Date:
Invoice No.:

Contact Name:
Contact Telephone/Email:

Period of Performance:

Billing Period:

*Subrecipient costs must be identified on each invoice by categorical line item in accordance with the approved budget.

	Budget	Cumulative Costs	Current Costs
Salaries and Wages			
Fringe Benefits			
Materials and Supplies			
Travel – Domestic			
Travel – Foreign			
Other			
Equipment			
Patient Care			
Subawards			
Cost Share			
In-Kind			
Program Income			

Indirect Cost: Rate% of Base _____

TOTAL US \$ _____ \$ _____ \$ _____

Amount of Payment Requested \$ _____

If receipts are in a foreign language, English translation must be attached.

As an authorized representative of the organization, I certify that all expenditures reported (or payments requested) for cost incurred are for appropriate purposes and in accordance with the agreements set forth in the application and award documents.

Subrecipient Authorized Signature

Date

UCLA Principal Investigator Signature of Approval

Date