

LEA: _____ School: _____

Remittance Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Email:** _____

ATTN: Sponsored Programs
Accounting
Utah State University Controller's Office
2400 Old Main Hill
Logan, UT 84322-2400

Invoice Number _____
Invoice Date _____
USU Subaward Number _____

Project Title: _____

Period of Invoice: _____ - _____
Start Date End Date

Expenditures

	Current	Cumulative
Salaries	_____	_____
Benefits	_____	_____
Travel & Prof. Dev.	_____	_____
Other Direct Costs	_____	_____
Indirect Costs	_____	_____
Total	_____	_____

Cost Share

	Current	Cumulative
Salaries	_____	_____
Benefits	_____	_____
Travel & Prof. Dev.	_____	_____
Other Direct Costs	_____	_____
Indirect Costs	_____	_____
Total	_____	_____

I certify to the best of my knowledge and belief that all expenditures reported are for appropriate purposes and in accordance with the agreement set forth in the proposal and subaward documents.

Name, Title

Signature

Date