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

SAMPLE