

Attachment 7
Research Subaward Agreement
Sample Invoice

Name of Subaward Recipient
Address of Subaward Recipient
City, State

University of Alaska Anchorage
Attn: XXXX
3211 Providence Drive
Anchorage, AK 99508-1663

Project Title: XXXXXX
Analysis of costs rendered under Subaward number, XXXXXX
in the amount of \$XXXX from Date to Date:

Voucher No: 1 FINAL

	Previous Bill Amount -----	Current Amount Due -----	Cumulative Bill Amount -----
Salaries	\$0.00	\$0.00	\$0.00
Staff Benefits	\$0.00	\$0.00	\$0.00
Services	\$0.00	\$0.00	\$0.00
Commodities	\$0.00	\$0.00	\$0.00
Contractual Services	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Participant Costs	\$0.00	\$0.00	\$0.00
Incentives	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
F & A Costs	\$0.00	\$0.00	\$0.00
Grant Total	<hr/> \$0.00	<hr/> \$0.00	<hr/> \$0.00

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil 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).

CERTIFIED CORRECT

Federal Tax ID: XX-XXXXXX

Name
Title