

SAMPLE INVOICE

{Organization's Letterhead; invoices must be on organizational letterhead}

Invoice Date: _____

To: Sheila Skane
 OPAL, EOS
 Morse Hall, Room 142
 8 College Road
 University of New Hampshire
 Durham, NH 03824

Invoice Number: _____

Billing Period:

From: _____

Subcontract Number: _____

To: _____

Purchase Order Number: _____

Please check whether this is a partial or final invoice: Partial Final

{The invoice structure should match the approved budget categories and format.}

Budget Categories	Approved Budget	Current Billing Period	Cumulative to Date
<u>Direct Costs:</u>			
Salary and wages <i>{list specific individuals}</i>			
Fringe benefits <i>{list fringe rate}</i>			
Permanent equipment <i>{list specific items}</i>			
Travel <i>{list specific trips & types of costs}</i>			
Supplies, materials & other direct costs <i>{list specific items or costs}</i>			
Contractual <i>{list specific contracts}</i>			
Subtotal Direct Costs:			
<u>Indirect/Overhead Costs</u> <i>(insert rate)</i>			
Total Direct & Indirect Costs:			

TOTAL AMOUNT OF THIS INVOICE: \$ _____

{Insert contact information for preparer of invoice:}

Insert name of person who prepared invoice

Insert address

Telephone: _____

Email: _____