

# ABC SUBRECIPIENT

## INVOICE

**Sponsor/Bill To** University of Oregon  
 Sponsored Projects Services  
 5219 University of Oregon  
 Eugene, OR 97403-5219  
[sponsoredprojects@uoregon.edu](mailto:sponsoredprojects@uoregon.edu)

**Subaward Number** 234560A  
**Invoice Number** Invoice #4  
**Period From Date** 01-Dec-17  
**Period To Date** 31-Dec-17  
**Subaward Period** 10/1/2017-9/30/2018

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Budget Category	Budget Amount	Previously Invoiced	Current Invoice	Cumulative Total
Salaries & Wages	30,000.00	4,000.00	3,780.00	7,780.00
Fringe Benefits	15,000.00	2,000.00	1,890.00	3,890.00
Supplies/Services	4,000.00	617.00	262.00	879.00
Subcontracts to \$25,000	-	-	-	-
Travel	3,000.00	759.00	-	759.00
Other MTDC Included Costs	-	-	-	-
<b>MODIFIED TOTAL DIRECT COST</b>	<b>52,000.00</b>	<b>7,376.00</b>	<b>5,932.00</b>	<b>13,308.00</b>
Equipment	-	-	-	-
Student Support	-	-	-	-
Subcontracts over \$25,000	-	-	-	-
Tuition Remission	-	-	-	-
Other MTDC Excluded Costs	-	-	-	-
<b>TOTAL DIRECT COST</b>	<b>52,000.00</b>	<b>7,376.00</b>	<b>5,932.00</b>	<b>13,308.00</b>
<b>F&amp;A COSTS (35% MTDC)</b>	<b>18,200.00</b>	<b>2,581.60</b>	<b>2,076.20</b>	<b>4,657.80</b>
<b>Total</b>	<b>70,200.00</b>	<b>9,957.60</b>	<b>8,008.20</b>	<b>17,965.80</b>

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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 intent set forth in the award documents. 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.

(US Code Title 18, Section 1001 and Title 31, Sections 3729-3733 and 3801-3812)

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*Authorized Official*

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24-Jan-18

SIGNATURE

DATE SUBMITTED

Authorized Official, ABC Subrecipient  
 TYPED OR PRINTED NAME AND TITLE

123-456-7890  
 PHONE NUMBER

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Remit Payment To: ABC Subrecipient, PO Box 1234567, Anytown, State 12345-6789