# ATTACHMENT CSAMPLE INVOICE

**From**: **Invoice Number**: \_\_\_\_\_\_\_\_\_\_

 **Invoice Date**: \_\_\_\_\_\_\_\_\_\_

**To**: Massachusetts Institute of Technology **Subaward Agreement #**: S####

 77 Massachusetts Avenue, NE18-901 **Purchase Order #**: ######

 Cambridge, MA 02139

 invoices@mit.coupahost.com

[ ]  Check if final invoice

|  |  |  |
| --- | --- | --- |
| Expense Categories | Expenditures for Invoice Period(MMM DD, YYYY – MMM DD, YYYY) | Cumulative Expenditures |
| **Project Costs**  |   |   |
| Personnel Salaries |   |   |
|   |   |   |   | Fringe Benefits |   |   |
| Domestic Travel |   |   |
| International Travel |   |   |
| Equipment\* |   |   |
| Supplies & Materials |   |   |
| Consultants |   |   |
| Other Direct Costs |   |   |
| **Total Direct Costs** | **$0.00** | **$0.00** |
|   |   |   |   | F&A Costs  |   |   |
| **Total Costs** | **$0.00** | **$0.00** |

By signing this report, I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Authorized representative name and title)

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Authorized Official) (Date)

If Payment is requested by wire:

Bank Name:

Bank Address:

Account Name:

Account Number:

Routing Number: