

Fixed Price Subawardee Invoice

Subawardee Name	Subawardee Address		
Subaward Number			
Issue Date			
Federal ID No. (If no FEIN, use DUNS number)			
Invoice Number	Is this the Final Invoice?	Yes	No

Billed to: University of Maryland, College Park Accounts Payable Office Chesapeake Building, Room 3101 College Park, Maryland 20742-3142	Email: apadmin@umd.edu Phone: 301-405-2640
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Total Period of Performance	Start Date	End Date	
Current Billing Period	Start Date	End Date	
Deliverable Description	(U.S. Dollars only)	(U.S. Dollars only)	(U.S. Dollars only)
	Current Period Costs	Cumulative Costs to Date	(including this period)
Total Cost			
Costs previously invoiced	Please remit this amount		
Cost Share (this period)	Total Cost Share to Date		

Wire Transfer (Foreign Recipients Only)	
Bank Name	Street Address
Bank Account Name	
IBAN	Account Number
SWIFT Code	Account Type
Contact Name	Phone Number

[Certification Must Appear on All Invoices]	
By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate and expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal 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)	
Authorized Accountant	Date Signed
Signature	
Name (print)	