

# ATTACHMENT 7

## Subaward Invoice/ Financial Report

Institution: \_\_\_\_\_

Subaward #: \_\_\_\_\_ Recipient Invoice Number \_\_\_\_\_

Period covered by this report: \_\_\_\_\_

Final:                    Yes                     No

	Awarded Budget	Current Period Expenditures	Cumulative Expenditures	Remaining Balance
Salary & Wages				
Fringe Benefits				
Consultants				
Equipment				
Supplies				
Travel				
Other Expenses				
Contractual				
Subcontractual				
<b>Total Direct Cost</b>				
<b>F&amp;A (Rate _____)</b>				
<b>Total Cost</b>				

### CERTIFICATION

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 award. I certify that these expenses have not been invoiced in the past and are original expenses. 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.

Typed/Printed Name and Title \_\_\_\_\_

Signature of Certifying Official \_\_\_\_\_ Date Submitted \_\_\_\_\_

To be submitted not more frequently than monthly to:  
 Marshall University Research Corporation  
 One John Marshall Drive  
 Huntington, WV 25755

### MURC USE ONLY

Approved by:

MU PI \_\_\_\_\_ Date \_\_\_\_\_

MURC \_\_\_\_\_ Date \_\_\_\_\_

Vendor# \_\_\_\_\_ Date Paid \_\_\_\_\_

Invoice# \_\_\_\_\_ Check # \_\_\_\_\_