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				
Subcontractual				
Total Direct Cost				
F&A				
Total Cost				

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 # _____