**Name of organization**

**Invoice**

Address

City, Mi, Zip

**Invoice #: ###**

**Invoice Date:** xx/x/xx

**Bill To:**

Jo A. Latimore, Ph.D.

Michigan State University

**Project: Project Name**

**MiCorps Grant Number: XXXX**

**Dates Covered: xx/xx/xx – xx/xx/xx**

|  |  |
| --- | --- |
| **Description** | **Amount** |
|  |  |
| FOR REIMBURSEMENTShort description | $xx.xx |
|  |  |
|  |  |
| *MATCH**Short description* | *$xx.xx* |
|  |  |
|  |  |
|  | **Total for Reimbursement** | $xx.xx |
|  | **Payments/Credits** | $0 |
|  | **Balance Due** | **$xx.xx** |

*“By signing this invoice, I certify to the best of my knowledge and belief that the invoice is true, complete, accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Agreement. 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.”*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Name, title*