

DEPARTMENT:		ACCOUNT DIRECTOR:		INVOICE #
ACCOUNT DIRECTOR'S ADDRESS:				INVOICE DATE:
REQUESTORS NAME		TELEPHONE NO.		DELIVERY ADDRESS

INSTRUCTIONS

Complete all highlighted areas (including Charge Account information) and obtain signatures of authorized official or project director. The approval of the authorized signatory means that Research Foundation accounts will be charged on the basis of this completed form.

SERVICE UNITS - Enter actual cost after work or service is finished, complete summary of charges and forward to Grants Management. OGM will forward approved requisitions to Accounting for payment.

Materials or Services Requested and Special Instructions	Quant.	Price	Total	Total Completed by Service Unit
Poster Printing Services	1	\$35.00	\$35.00	\$35.00
INVOICE AMOUNT				\$35.00

APPROVAL OF ACCOUNT DIRECTOR	GRANTS MANAGEMENT OFFICE	SERVICE UNIT APPROVAL
Authorized Signature _____ Date: _____	SPONSOR: _____	
The approval of the authorized signatory means that RF accounts will be charged on the basis of this completed form	Grant termination date _____	
	Approval OGM _____	
	Research Foundation only: _____	

DEPARTMENT COMPLETE

SUMMARY OF CHARGES AND CREDITS		RESEARCH FOUNDATION INFORMATION - STATE ACCOUNTS NOT ACCEPTED Please only fill in this area				
CHARGE		Project	Task	Award	Organization	Amount
						\$35.00

SERVICE UNIT COMPLETE - DO NOT FILL OUT THIS AREA

CREDIT		Project	Task	Award	Organization	Amount
		1101465	2	60582	I-STEM	\$35.00