

Please email invoice to: [SRAC@DREC.MSSTATE.EDU](mailto:SRAC@DREC.MSSTATE.EDU)

(8/13)

**INVOICE**  
of Participating Institution

TO: Southern Regional Aquaculture Center      Date: \_\_\_\_\_  
P.O. Box 197      Make check payable to: \_\_\_\_\_  
Stoneville, MS 38776      Mail check to: \_\_\_\_\_  
\_\_\_\_\_

SRAC Project Title: \_\_\_\_\_

SRAC Invoice # \_\_\_\_\_ Year \_\_\_\_ of \_\_\_\_      Final Invoice: Yes \_\_\_\_ No \_\_\_\_  
Institution Inv. # \_\_\_\_\_  
Institution Acct. # \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

|                            | Current Expenditures<br>_____<br>thru<br>_____ | Cumulative Expenditures<br>_____<br>thru<br>_____ | Amount Budgeted<br>_____<br>thru<br>_____ | Balance of Budget as of<br>_____ |
|----------------------------|--|---|---|----------------------------------|
| Salaries & Wages           |  |   |   |                                  |
| Fringe Benefits            |  |   |   |                                  |
| Expendable Mat. & Supplies |  |   |   |                                  |
| *Nonexpendable Equipment   |  |   |   |                                  |
| Travel                     |  |   |   |                                  |
| Contractual Services       |  |   |   |                                  |
| Publications               |  |   |   |                                  |
| TOTALS                     |  |   |   |                                  |

\*Written SRAC approval for each non-expendable equipment purchase must be attached.

I certify that to the best of my knowledge and belief, the billed costs of disbursements are in accordance with the terms and conditions of the above grant and that payment is due and had not previously been requested. I understand that as cooperating investigator I am responsible for accounting of expenditures within each of the above categories and that complete details of expenditures have been maintained for audit purposes.

RECOMMENDED:

APPROVED:

\_\_\_\_\_  
Participating Scientist      Date

\_\_\_\_\_  
Director, SRAC      Date

Institutional Grants/Accounting Officer  
(as required by participating institution)

\_\_\_\_\_  
Name, Title      Date