

Please email invoice to: 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 _____ thru _____	Cumulative Expenditures _____ thru _____	Amount Budgeted _____ thru _____	Balance of Budget as of _____
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