

INVOICE

Mississippi State University
Ms Denise Peeples
Assistant Controller for Sponsored Programs
Office of the Controller
P.O. Box 5227
Mississippi State, MS 39762

Invoice No.: _____

Date: _____

Remit to: _____
Project Title: _____
Subcontract No.: _____
Invoice Period: _____
FEIN: _____

	<u>Current Agency</u>	<u>Current Costshare</u>	<u>Cumulative Agency</u>	<u>Cumulative Costshare</u>
Salaries and Wages	_____	_____	_____	_____
Fringe Benefits	_____	_____	_____	_____
Travel	_____	_____	_____	_____
Contractual Services	_____	_____	_____	_____
Commodities	_____	_____	_____	_____
Equipment	_____	_____	_____	_____
Facilities & Administrative Costs	_____	_____	_____	_____
Total Project Cost:	=====	=====	=====	=====
Total Amount Due:	\$ _____			

I certify that the above amounts are correct and payment therefore has not been received.

Signature Date

Title