

Invoice Requirements for Projects Funded by the Coastal Response Research Center:

Updated March 2007

Invoices should be submitted quarterly* to:

Program Coordinator
Coastal Response Research Center
234 Gregg Hall
35 Colovos Road
Durham, NH 03824 USA

***Invoicing Schedule:**

April 15 - In coordination with the semi-annual detailed progress report

July 15 - In coordination with the single page short progress report

October 15 - In coordination with the semi-annual detailed progress report

January 15 - In coordination with the single page short progress report

*Note: if the 15th is on a weekend, reports are due on the Monday immediately following.

Requirements:

An invoice needs to accompany or follow the detailed and short progress reports. Invoices cannot be paid until the corresponding report has been submitted and reviewed.

What to include (use your Project Budget as a guideline):

- Invoice Date (give dates for work that this invoice covers)
- Contract Period (give dates of your contract)
- Salaries & Wages
 - Senior personnel
 - Associates
 - Other personnel (professionals, graduate students, etc)
- Fringe benefits
- Equipment
- Expendable supplies & equipment
- Travel (Who, What, When, Where, Why, Cost)

Please Note: International travel is NOT an approved expense, unless approved in advance (in writing) by the Center Co-Directors. Such requests must be made at least 3 months prior to the planned trip.
- Publication & documentation costs
- Other costs
 - Computer time
 - Graduate student tuition
 - Phone/photocopies/postage
 - Subcontracts
 - Analytical services

Please have a Current Expense column and a Cumulative Expense column:

SAMPLE	Budget	Current billable expenditures	Cumulative totals
Salaries	\$100,000	\$25,000	\$50,000
Travel	\$10,000	\$1,000	\$1,000
Equipment	\$250	\$25	\$50
TOTAL	\$110,250	\$26,025	\$51,050



Coastal Response Research Center

Date of this Invoice

Attn: Kathy Mandsager
Coastal Response Research Center
234 Gregg Hall, 35 Colovos Rd
University of New Hampshire
Durham, NH 03824

Your Internal Accounting Code or Number:

Invoice # :

Period of

Invoice:

Period of Agreement:

PI:

Sub Award #:

Total Amt of Award:

Expenses: (Use your budget as guideline)

Salaries & Wages

A. PI (name)

B. Co-PI (name)

C. Grad student (name)

Fringe Benefits

Permanent Eqpt

Expendable Supplies/Eqpt

Travel/Business Trip Expense

Publication & Documentation Costs

Other Costs

Total Direct Costs

Indirect Costs

TOTAL

	Budget	Previously Billed	Current Billable Expenses	Billed to Date / Cumulative totals
Salaries & Wages				
A. PI (name)				
B. Co-PI (name)				
C. Grad student (name)				
Fringe Benefits				
Permanent Eqpt				
Expendable Supplies/Eqpt				
Travel/Business Trip Expense				
Publication & Documentation Costs				
Other Costs				
Total Direct Costs				
Indirect Costs				
TOTAL				

Amount of Agreement:

xxx,xxx

Total Amount of Expenditures
(this invoice):

(xxx)

Total Amount Remaining:

xxx,xxx

Your Institution Contact Person:

Your Institution Name:

Your Institution Address:

Phone - Invoice Questions: