



University of Colorado
Denver | Anschutz Medical Campus

Please Remit to:
University of Colorado Denver
Office of Grants and Contracts - F428
PO Box 910238
Denver CO 80291-0238
United States

INVOICE

Bill To:

Invoice No :

Date :

Contract No :

Claim Period :

xx/xx/20xx to xx/xx/20xx

PI Name :

Description	Budget	Current	Cumulative
Salary	0.00	0.00	0.00
Benefit	0.00	0.00	0.00
Operating Expense	0.00	0.00	0.00
Travel	0.00	0.00	0.00
F&A-Indirect Cost @ 8%	0.00	0.00	0.00
TOTAL	0.00	0.00	0.00

Please pay this amount:	\$0.00
-------------------------	--------

"I certify that all expenditures reported (or payments requested)
are for appropriate purposes and in accordance with the provisions
of the application and award document."

Certification Signature Date

For inquiries regarding this billing, please contact:

Name :

Email :

Please indicate the Invoice Number and PI Name on your payment.

IRS Tax ID No: 84-6000555