

# Oregon GEAR UP Invoice

## Subaward #

Expenditures From: To: Invoice #

Contact(s): Phone #

School(s):

Remit Address:

	Expenses for Current Invoice Period	Activity Number from Plan
Salaries/Wages		
OPE/Benefits		
Travel		
Materials & Supplies		
Consultants/contracts		
Other, specify		
<b>Sub-total</b>		
Indirect costs		
Equipment (items over \$5000)		
<b>GRAND TOTAL:</b>		

Check here if there are -0- grant expenses this reimbursement period.

\_\_\_\_\_

*GEAR UP Coordinator Signature*

*Date*

\_\_\_\_\_

*Business Manager/Accountant Signature*

*Date*

One copy of this completed form must be returned to OSU either monthly or quarterly. *Periodically schools will be asked to provide supporting documentation for the charges on the reimbursement request. Institution is required by law to keep all backup documentation per OAR 166-475-0060(7):*

Submit invoice to:  
[subawards@oregonstate.edu](mailto:subawards@oregonstate.edu)