



# Year X (9/1/XX – 8/31/XX) Grant Invoice

## Subaward # ED185C-x

### Name of school or District

2/15/2023 To: 4/30/2023 Invoice #: 2023-004

Contact(s): John Jones Phone: 541-867-5309

REMIT ADDRESS: 123 Main Street

Attach a [detailed list of expenses](#) and add total value for each category in table below.

	Expense Total
Salaries/Wages	\$2,000
OPE/Benefits	\$800
Travel	\$50
Materials & Supplies	\$52.64
Consultants/contracts	
Other, specify	
<b>Sub-total</b>	<b>\$2,902.64</b>
Indirect costs	\$116.11
Equipment (single items over \$5000)	\$6,500
<b>GRAND TOTAL:</b>	<b>\$9518.75</b>

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

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

<i>Cathy Coordinator</i>	5/1/2023
GEAR UP Coordinator Signature	Date
<i>John Jones</i>	5/1/2023
Business Manager/Accountant Signature	Date

## Sample Invoice Expense List

<b>Subaward #:</b>	ED185C-xyz	<b>School District [School(s)]:</b>	School District
<b>From:</b>	2/15/2023	<b>Invoice #:</b>	2023-004
<b>To:</b>	4/30/2023	<b>Remit Address:</b>	123 Main Street
		<b>Contact(s):</b>	John Jones
		<b>Phone/Email:</b>	<a href="mailto:name@school.edu">name@school.edu</a>

Submit this document with your GU Reimbursement Invoice.

<b>SALARIES/WAGES</b>				Salary/Wage Total:	\$2,000.00
Date	Vendor/Payee	Activity Number	Description of Expense/Purchase	Amount	
2/30/23	Cathy Coordinator	4.1	Monthly salary	\$2,000.00	
<b>BENEFITS</b>				Benefits Total:	\$800.00
Date	Vendor/Payee	Activity Number	Description of Expense/Purchase	Amount	
2/30/23	Cathy Coordinator	4.1	Monthly benefits	\$800.00	
<b>TRAVEL</b>				Travel Total:	\$50.00
Date	Vendor/Payee	Activity Number	Description of Expense/Purchase	Amount	
4/23/2023	Cathy Coordinator	4.2	Travel to planning retreat	\$50.00	
<b>MATERIALS &amp; SUPPLIES</b>				Materials & Supplies Total:	\$52.64
Date	Vendor/Payee	Activity Number	Description of Expense/Purchase	Amount	
3/1/2023	Costco	2.1	Decision Day supplies	\$52.64	
<b>CONSULTANTS/CONTRACTS</b>				Consultants/Contracts Total:	\$0.00
Date	Vendor/Payee	Activity Number	Description of Expense/Purchase	Amount	
<b>OTHER</b>				Other Total:	\$0.00
Date	Vendor/Payee	Activity Number	Description of Expense/Purchase	Amount	
				<b>Subtotal:</b>	<b>\$2,902.64</b>
<b>INDIRECT (if applicable)</b>				Indirect Total:	\$116.11
Date	Vendor/Payee	Description of Expense/Purchase		Amount	
4/30/2023	School District	Approved Indirect of 4%		\$116.11	
<b>EQUIPMENT (any single item over \$5,000)</b>				Equipment Total:	\$6,500.00
Date	Vendor/Payee	Activity Number	Description of Expense/Purchase	Amount	
3/15/2023	Scientific Instr.	1.1	3D Printer	\$6,500.00	
				<b>Grand Total:</b>	<b>\$9,518.75</b>