

BILLING FORM

TO: Ms. Kelly Robertson
Office of Sea Grant Development
Louisiana State University
234 Sea Grant Building
Baton Rouge, LA 70803

DATE:

INVOICE NO.:

COLLABORATOR:
ADDRESS:

SUBAWARD PURCHASE ORDER NO.:

PRIME AWARD NO.:

CURRENT BILLING PERIOD:

CHECK PAYABLE TO:

Final Billing Yes No

Major Costs Elements	Approved Budget	Amount for Current Billing Period	Cumulative Amount From Inception
Direct Labor			
Fringe Benefits			
Travel			
Equipment			
Supplies			
Other Direct Costs			
Total Direct Costs			
Indirect Costs			
Total Subcontract			

Certification:

I certify to the best of my knowledge and belief, the billed costs or disbursements are in accordance with the terms and conditions of the subcontract and that payment is due and has not previously been requested.

Signature

Date:

Title:

COST SHARING CERTIFICATION

COLLABORATOR:
SUBAWARD PURCHASE ORDER NO.:
PRIME AWARD NO.:
CURRENT REPORTING PERIOD:

Major Cost Elements	Approved Cost Sharing	Cost Sharing Amount for Current Billing Period	Cumulative Cost Sharing Amount From Inception
Direct Labor			
Fringe Benefits			
Travel			
Equipment			
Supplies			
Other Direct Costs			
Total Direct Costs			
Indirect Costs			
Total Subcontract			

Certification:

I certify to the best of my knowledge and belief, the outlays or disbursements are in accordance with the terms and condition of the subcontract and have not previously been reported.

Signature

Date: