

**BILLING FORM**

**TO:** Ms. Debbie Worthy  
Office of Sea Grant Development  
Louisiana State University  
217 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

<b>Major Costs Elements</b>	<b>Approved Budget</b>	<b>Amount for Current Billing Period</b>	<b>Cumulative Amount From Inception</b>
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:**

<b>Major Cost Elements</b>	<b>Approved Cost Sharing</b>	<b>Cost Sharing Amount for Current Billing Period</b>	<b>Cumulative Cost Sharing Amount From Inception</b>
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: