



QUARTERLY INVOICE

Directions: Please mail your invoice on a quarterly basis within 45 days after the close of each quarter.

	Quarter	Invoice Period
First		July 1 – September 30
Second		October 1 – December 31
Third		January 1 – March 31
Fourth		April 1 – June 30

If you require assistance in submitting your quarterly invoice, please contact Crystal Pariseau at: (301) 588-8252 or cpariseau@aucd.org.

LEND ID #:

Invoice Date:

Recipient Organization:

Address:

City:

State:

Zip:

AUCD Subaward #:

Funding/Grant Period:

From:

To:

Period Covered by This Report:

From:

To:

Total Reimbursement Request for this Period:

For Office Use Only

Date Received:

Account Code:

Date Approved:

Approved by:

Transactions:

Expenditure Category	Previously Reported	This Period	Cumulative Reported	Budgeted
1. Salaries				
2. Fringe Benefits				
3. Consultant Costs				
4. Equipment				
5. Supplies/Materials				
6. Staff Travel				
7. Trainee Costs				
a. Predoctoral Stipends				
b. Postdoctoral Stipends				
c. Travel				
8. Other Expenses				
9. Subtotal Direct Costs				
10. Consortium/Contractual Costs				
a. Direct Costs				
b. Facilities & Administrative Costs				
11. Total Direct Costs				
12. Indirect Costs (rate @)				
13. TOTAL BUDGET				

Certification: I certify to the best of my knowledge and belief that this financial report is correct and complete and that all expenditures are for the purposes set forth in the award documents.

Typed or Printed Name and Title

Telephone (Area code, number and extension)

Signature of Authorized Certifying Official

Date Financial Report Submitted

Mail your quarterly invoices to:

Crystal Pariseau
 Association of University Centers on Disabilities
 1010 Wayne Avenue, Suite 920
 Silver Spring, MD 20910