

**Your Organization
Address
City, State, Zip**

INVOICE

To:
Beth Holtzman
New Farmer Project
UVM Extension
617 Comstock Rd.
Berlin, VT 05602

Invoice Date: *xx/xx/xxxx*
Invoice Number: *XXX*

Reference

Prime Award: NIFA 2011-49400-03500
UVM Project: 026443
SubAward No. *your subaward number*
Purchase Order No. *your purchase order number*
Sub-Award PI *Name*
Fed Employer ID No: *Your organization EIN number*

Billing Period

From *xx/xx/xxxx* To *xx/xx/xxxx*

| Description | Amount | | | |
|---------------------------------|----------------|------------|---------------------------|------------|
| | Sponsor (VNFN) | | Your Organization (match) | |
| | Current | Cumulative | Current | Cumulative |
| Salaries | | | | |
| Wages | | | | |
| Fringe benefits | | | | |
| Domestic Travel | | | | |
| Materials & Supplies | | | | |
| Other Direct Costs (list below) | | | | |
| Total Direct Costs | 0 | 0 | 0 | 0 |
| Facilities and Administration | | | | |
| Total | 0 | 0 | 0 | 0 |

| Cumulative Claim | Payments to Date | Total this billing period | Prior Invoices Unpaid | Total Amount Due |
|------------------|------------------|---------------------------|-----------------------|------------------|
| | | | | |

Signature _____

I certify to the best of my knowledge that this invoice is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.

Please contact _____ at xxx-xxx-xxxx or (email address) if you have questions regarding this invoice

Remit payment to:

Vendor name and complete address