

**SUBRECIPIENT INVOICE**

Remit Payment To:

Subrecipient Name: \_\_\_\_\_

Invoice Number: \_\_\_\_\_

Subrecipient Address: \_\_\_\_\_

Invoice Date: \_\_\_\_\_

Bill To:

UTA Subaward No: \_\_\_\_\_

The University of Texas at Austin  
School of Social Work  
1925 San Jacinto Blvd Suite 3.208C  
Austin, TX 78712

UT Austin PI: \_\_\_\_\_

Subaward PI: \_\_\_\_\_

Final Invoice? YES  NO

Submit invoice electronically to:  
Email: [oadram@utlists.utexas.edu](mailto:oadram@utlists.utexas.edu)

Invoice Period for Expenditures: \_\_\_\_\_ To \_\_\_\_\_

(Applicable only to  
cost share agreements)

Budget Category	Current Costs	Cumulative Costs	Cost Share
Total Direct Costs			
Indirect Costs			
Total Costs			

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 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).

\_\_\_\_\_  
Subrecipient Authorized Signature

\_\_\_\_\_  
Subrecipient Authorized Representative Title

\_\_\_\_\_  
Date

For Billing Questions, Please Contact: \_\_\_\_\_