SUNY RF
The Research Foundation for
The State University of New York
SUNY Downstate Health Sciences University

INVOICE #

INVOICE DATE:

BILL TO :

COMMENTS OR SPECIAL INSTRUCTIONS:

Make all checks payable to
If you have any questions concerning this invoice, contact:

Independent contractor name	P.O. NUMBER	Invoice Period of performance

Deliverable name	Description	Hourly rate	Hours contributed to deliverable	Line total
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
Total				$ 0.00

For SUNY Downstate Office Use ONLY

As the PI, I certify that the deliverables included in this invoice have been completed and are essential to the project, that the services cannot be provided by any other person receiving salary support under the grant, and that the rate is appropriate.

_____ _____

PD/PI Signature ***Date***

_____ _____

Grant Manager ***Date***