

INVOICE

The Regents of the University of California

Accounting Office, Box 0812
 San Francisco, CA 94143-0812
 Attn: Accounts Payable/Subcontracts Desk
 Tel. Nos: 415-476-0929; 415-476-7907; FAX #415-476-6168

Sub Contractor's Name _____
 Sub Contractor's Address _____
 Contact Person _____
 Telephone # _____

Sub Contract No: _____
 Invoice No: _____
 Period Covered: _____
 Date of Invoice: _____
 Final: Yes _____ No _____

ITEM	BUDGET	CURRENT EXPENSE	CUMULATIVE EXPENSES TO DATE	UNEXPENDED BALANCE
<u>Personnel Costs</u>				
Salaries				
Benefits				
TOTAL PERSONNEL				
<u>Operating Costs</u>				
Consultants				
Equipment				
Supplies				
Travel				
Patient Care				
Alterations/Renovations				
Consortium/Contractual				
Other Expenses				
TOTAL OPERATING				
TOTAL DIRECT COSTS				
Indirect @ ____%				
Base : Personnel, TDC, MTDC				
Other (Circle one)				
TOTAL COSTS				
PROGRAM INCOME*				
TOTAL NET COST				

EXPENSE REQUEST THIS INVOICE

I certify that all expenditures reported are for appropriate purposes and in accordance with the terms and conditions of the contract.

Invoice form is available in Excel & can be requested by E-mail to:
 lsuzara@accounting.ucsf.edu
 jantuk@accounting.ucsf.edu

 Date Signature & Title

PROGRAM INCOME IS ENTERED AS ACREDIT TO OFFSET TOTAL COST

Revised 05/03