

[Company Name]

[Street Address]
[City, ST ZIP Code]
Phone [phone]

FIXED PRICE INVOICE

INVOICE #[100]
DATE: [CLICK TO SELECT A DATE]

TO:
Johns Hopkins University
3400 N. Charles Street
N600 Wyman Park Building
Baltimore, MD 21218-2685

PAYMENT TO:
[Recipient Name]
[Address]
[City, ST and ZIP Code]
[Phone]

PRIME SPONSOR NO.	SUBAWARD NO.	TOTAL AWARD AMOUNT	BILLING PERIOD	PROJECT PERIOD

APPROVED BUDGET	PRIOR CUMULATIVE	CURRENT INVOICED AMOUNT	TOTAL CUMULATIVE	REMAINING BALANCE

CONTACT PERSON INFORMATION FOR QUESTIONS CONCERNING THIS INVOICE – NAME, PHONE AND FAX NUMBER AND E-ADDRESS.

Certification: As an authorized representative of the organization, I certify that all Deliverables and required work product due to date have been submitted, and expenditures reported (or payments requested) are for appropriate purposes and in accordance with the Statement of Work, Approved Budget and other requirements as set forth in the Subaward.

Authorized Official Signature

Date: CLICK HERE TO ENTER TEXT.

CLICK HERE TO ENTER TEXT.
Typed Name of Official

Email Address: CLICK HERE TO ENTER TEXT.

CLICK HERE TO ENTER TEXT.
Title

Phone: CLICK HERE TO ENTER TEXT.