

**SUBRECIPIENT EXPENDITURE INVOICE**

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

Purchase Order: \_\_\_\_\_

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

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

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

Sponsor:

South Carolina Department of Public Health  
2100 Bull Street  
Columbia, SC 29201

Award Number: \_\_\_\_\_

Award Dates: Start \_\_\_\_\_ End \_\_\_\_\_

**Check if Final Invoice**

Subaward Number: \_\_\_\_\_ Subaward PI Name: \_\_\_\_\_

Award Amount: \_\_\_\_\_

Invoice Period: \_\_\_\_\_ to \_\_\_\_\_

Expense Categories	Budget	Current Expenses	Cumulative Expenses	Balance
<b>Total Direct Costs</b>				
Indirect Cost				
<b>Total</b>				

\*Equipment definition for Federal Awards:  
[https://www.ecfr.gov/cgi-bin/text-idx?SID=421d3e3a239e70bdcef843df7113da50&mc=true&node=se2.1.200\\_133&rgn=div8](https://www.ecfr.gov/cgi-bin/text-idx?SID=421d3e3a239e70bdcef843df7113da50&mc=true&node=se2.1.200_133&rgn=div8)

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 representative title

\_\_\_\_\_

subrecipient authorized signature and date

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

## Subrecipient Expenditure Invoice

**How to Use:** This invoice template includes the elements required for a complete subrecipient invoice when billing the South Carolina Department of Public Health (SCDPH). All invoices must contain current and cumulative costs (including cost sharing), subaward number, and certification. Invoice detail should be in accordance with the line items in the budget of the Subaward agreement. Subrecipients may use this template to invoice the SCDPH or provide an invoice which has these required elements. It is generally expected that the subrecipient will bill not more often than monthly and not less frequently than quarterly for allowable costs, see invoice terms in the subagreement.