

CGO Account No.

**BALL STATE UNIVERSITY**  
**Contracts and Grants Office**  
**Invoice For Independent Contractor Services**  
*(A separate "Independent Contractor Agreement" must be completed prior to any work being performed and prior to any request for payment.)*

\_\_\_\_\_  
*(Independent Contractor Name)*

\_\_\_\_\_  
*(Tax Identification No. or Soc Sec No.)*

\_\_\_\_\_  
*(Address)*

**Description Of Services Performed During This Billing Period (or, attach a separate written description)**

**Itemized Costs (attach original receipts)**

**Independent Contractor Fees:** *(complete one)*

\$ \_\_\_\_\_ Per Hour x \_\_\_\_\_ Number of Hours \$ \_\_\_\_\_

\$ \_\_\_\_\_ Per Day x \_\_\_\_\_ Number of Days \_\_\_\_\_  
*(Whole days or Portions of Days)*

\$ \_\_\_\_\_ Flat Fee Per "Independent Contractor Timeline and Payment Schedule" \$ \_\_\_\_\_

**Itemized Travel (if authorized):** *ICs may be reimbursed for approved travel expenses, including subsistence, in accordance with the current travel policies of the University. Reimbursement of authorized travel expenses will be made upon submission of an supported with the airline ticket(s), hotel charges, and other receipts. Current University travel rates are attached.*

Mileage: \_\_\_\_\_ No. Miles x \$.28/Mile \$ \_\_\_\_\_

Airfare: \$ \_\_\_\_\_

Meals: \$ \_\_\_\_\_

Lodging: \_\_\_\_\_ days x \$ \_\_\_\_\_ per day \$ \_\_\_\_\_

Parking: \$ \_\_\_\_\_

Shuttle/Taxi/Car Rental \$ \_\_\_\_\_ Subtotal \$ \_\_\_\_\_

**Itemized Other Costs (if authorized):** \_\_\_\_\_

Subtotal \$ \_\_\_\_\_

**TOTAL PAYMENT DUE**

**INDEPENDENT CONTRACTOR CERTIFICATION:** I certify that I have provided the services as described above and as agreed upon in the Independent Contractor Agreement and have enclosed original receipts.

\_\_\_\_\_  
*(Independent Contractor Signature)*

\_\_\_\_\_  
*(Date)*

**PI/PD Approval: The work being invoiced has been completed and is satisfactory. Payment is approved.**

\_\_\_\_\_  
*(Principal Investigator/Project Director)*

\_\_\_\_\_  
*(Date)*

**CGO Approval:** \_\_\_\_\_

*(Grant Specialist Signature)*

\_\_\_\_\_  
*(Date)*