



Invoice Approval Form

Name: _____ Status (check one): Faculty Staff Student

Department: _____ Invoice Date: _____

Funding Agency & Project Title: _____

Account Code:

Fund	Org	Account	Program	Activity	Location
-		-		-	-

Amount: \$ _____

Funding Agency & Project Title: _____

Account Code:

Fund	Org	Account	Program	Activity	Location
-		-		-	-

Amount: \$ _____

Funding Agency & Project Title: _____

Account Code:

Fund	Org	Account	Program	Activity	Location
-		-		-	-

Amount: \$ _____

Brief description and purpose: _____

I approve the attached invoice and certify that the goods and/or services were obtained or completed to my specifications as the principal investigator or designate of the grant, sponsored research or contract on which the expense is claimed, that the expenses are allowable per conditions or requirements of the fund(s), and that in assigning and approving the invoice I have complied with university policies and guidelines.

Signature of Principal Investigator or Designate

Date

Approved for Payment:

Associate Vice-President,
Research and Graduate Studies

Date

Required for claims on grants, sponsored research and contracts

Finance Department
Approved by: _____

Cheque No: _____

Voucher No: | _____