**IFAS Faculty Service Program** Statement/Request for Invoice

Principal Investigators are responsible for ensuring the applicable approvals, including an up-to-date Award Compliance Form (ACF), are obtained prior to providing services. Please complete this form and submit to the wilsonc7@ufl.edu .

|  |  |
| --- | --- |
| **PI Name (Last, First)** |  |
| **PI Unit** |  |
| **UFIRST Proposal #** |  | **PeopleSoft Project #** |  |

|  |  |
| --- | --- |
| **Summary/Description of Service***(50 words or less)* |  |

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| --- |
| **Certifications/Assurances** |
| I acknowledge and have completed all required certifications (if any), and I have submitted an up to date UF Award Compliance Form applicable to this service.  Principal Investigator’s Signature |

**Sponsor Information**

Please make checks payable to the University of Florida. You may send to Office of Research-Contracts & Grants at 33 Tigert Hall, PO Box 113001, Gainesville, FL 32611. Contact wilsonc7@ufl.edu for billing/payment questions.

|  |  |
| --- | --- |
| **Sponsor Name** |  |
| **Billing Address** |  |
| **Billing/Payment Method** |  Check Attached Bill Sponsor (i.e., after service end date) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service State Date****(MM/DD/YYYY)** |  | **Service End Date****(MM/DD/YYYY)** |  | **Total**($17,250 maximum direct + indirect cost) |