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| --- |
| **Remit to: Invoice #** Company Name Invoice Date: Address PO#:Address UT (Subaward)#: 21163Phone Dates of Service:Email  |
| **To:**ATTN: Leslie Hoylman1 Ohio University DriveAthens, OH 45701 |
| **CATEGORY** | **DESCRIPTION** | **QTY** | **RATE** | **AMOUNT** |
| Mileage |  |  | .65/mile |  |
| Lodging |  |  |  |  |
| Travel |  |  |  |  |
| Registration |  |  |  |  |
| Per Diem |  |  |  |  |
| Per Diem |  |  |  |  |
| Travel |  |  |  |  |
| UNREIMBURSABLE PER $3000 MAX  |  |
| **Balance Due** |  |