

Appendix M SUBRECIPIENT MONITORING INVOICE CHECKLIST

Subrecipient Name _____	Subrecipient No. _____
PI Name _____	Financial Mgr. _____
Date Invoice Received _____	Date Invoice Processed _____
Invoice Seq No. _____	Invoice Period _____
Final	

Is the period of performance within the subaward timeframe? Yes No

Are the total expenditures within the subaward amount? Yes No

Is Subrecipient complying with budgetary restrictions in subaward agreement?
(e.g., prior written approval for foreign travel or equipment purchases)

Is there Cost share required? Yes No Documented and met? Yes No

Is there a signed certification? Yes No Incl. cost share? Yes No

***Example: I certify that this request represents actual, allowable costs incurred during the invoice period and these costs are appropriate in accordance with the agreement.**

Request was made to subrecipient for NEW/Revised Invoice on the following date: _____

In signing below, I approve payment of this invoice and attest that the charges appear reasonable and progress to date for this project is satisfactory and in keeping with the statement of work.

Project Investigator/PI's Technical Designee _____
Date

If this is the final invoice, please initial to confirm that technical progress at completion was satisfactory and that final invoice has been received and processed for payment.

Initial **Date**

Technical Report _____ _____

Final Invoice _____ _____

Does the PI have knowledge of any inventions developed or reduced to practice during the course of this project? Yes No

A copy of the completed FINAL Subrecipient Monitoring Invoice Checklist must be sent to attention of SPA SubAward Team at subteam@ordmail.umaryland.edu .