OFFICE FOR SPONSORED PROGRAMS DEPARTMENT RESEARCH ADMINISTRATOR SUBRECIPIENT INVOICE CHECKLIST



Prior to submitting subrecipient invoices for OSP approval, please document the satisfaction of the following requirements. Please include a copy of this completed Subrecipient Invoice Checklist with the subrecipient invoice and all other relevant information for OSP approval.

Subrecipient invoices should not be paid unless all applicable criteria listed above is met. A sample invoice showing the required fields to be completed in accordance with a standard cost reimbursable FDP Subaward Agreement is attached as Exhibit 1.

Please address any concerns to your post-award contact in the Office for Sponsored Programs.

Please sign and date this checklist as preparer at the bottom of this document.

Ensure that the subrecipient award is fully executed prior to reviewing any subrecipient invoices.
Subrecipient Invoice contains all of the following items per OSP Subrecipient Monitoring Policy:
□ Invoice is prepared on subrecipient letterhead□ Invoice includes:
 BC Project Number Invoice Number Invoice Date Date of Service Total Period Cost YTD Cost (the total expenses paid to the subawardee from the beginning of the project to the current payment date) If final invoice, mark 'FINAL' at the top of the invoice Approval signature of subrecipient financial representative
Ensure that the subrecipient invoice number has not already been paid (prevent a duplicate).
Ensure that the subrecipient invoice is an original and not a photocopy (prevent a duplicate).
Check the subrecipient invoice against subrecipient budget to ensure:
☐ Items included in the subrecipient invoice align with subrecipient budget categories. For example, if equipment is not included in the subrecipient budget, it should not be on the subrecipient invoice.

ivame:						Date:	
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	□ peri		of service incl	uded on the รเ	ıbrecipient invo	oice is within th	ne budget
	me terms and	d conditions	_	e are no issues	conditions of the soft of the		
□ allowa		-	uded in the inv		orting docume egulations.	ntation for rea	isonableness,
	"By signing this and the expend conditions of th material fact, r	s report, I certif ditures, disburs he Federal awa may subject me	sements and cash and cash and lambda and lam aware the eto criminal, civil de	ly knowledge and receipts are for th at any false, fictit or administrative	belief that the rep e purposes and ob ious, or fraudulent penalties for fraud s 3729-3730 and 3	jectives set forth information, or ti , false statements	in the terms and he omission of an
	If the subreci	pient is deer	med High Risk:				
	ation was rec	eived. For e	example, a High	n Risk subrecip	uired to suppor ient may be rec ses on the subro	quired to subn	nit evidence
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that th represa approv	voiced expensive subrecipient ented on this inverted on this payment.	es are aligne t has demon invoice appe nt' should be	ed with technic estrated satisfa ear to be appro	cal progress. T actory project priate with the atively, the PI i	e, obtain docun he PI certification performance and at progress. As may make the s	on stamp stati d progress, an Principal Inves	ng 'I certify d the charges stigator, I
□ record		he subrecipi	ient invoice and	d all supportin	g documentatio	on is included	in e-Trieve
This ch	necklist was co	ompleted by	:				

Name:	Date	:

Exhibit 1

SAMPLE INVOICE

To be prepared on Subrecipient letterhead

Subrecipient Phone #:	Invoice Date:
Subrecipient Email:	Invoice #:
Subrecipient EIN:	BC Project #:
	Date(s) of Service:
	Final Invoice: Yes or No (circle one)

SEND TO: Email or physical address contact(s)

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EXPENDITURE CATEGORY	CURRENT PERIOD EXPENSES	YTD TOTAL EXPENSES (cumulative amount paid from beginning of project period to current date)
Salaries & Wages		
Fringe		
Materials & Supplies		
Domestic Travel		
Foreign Travel		
Capital Equipment		
Contractual		
Tuition Remission		
Other		
Total Direct Costs		
Indirect Costs		
Total Costs		

Please pay this amount

REQUIRED

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the mission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (US Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Signature			
Name	Title	Date	
	Make all checks payable to	: (Subrecipient Name)	

3