**SUBRECIPIENT MONITORING**

**INVOICE CHECKLIST**

Subrecipient Organization

Subcontract Number USC PI Name

 Dept. Admin.

Date Invoice Received Date Invoice Processed

Invoice No. Final Invoice: [ ]  Yes [ ]  No

Invoice Period: to

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) [ ]  **Yes** [ ]  **No**

Is there cost share required? [ ]  **Yes** [ ]  **No**  Documented and met? [ ]  **N/A** [ ]  **Yes** [ ]  **No**

Is there a signed certification\*? [ ]  **Yes** [ ]  **No** Incl. cost share? [ ]  **N/A** [ ]  **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 a 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**