This routing form has been updated November 2016. It supersedes ALL previous versions.



Office of Research Administration and Advancement

SUBRECIPIENT MONITORING INVOICE CHECKLIST

www.umces.edu

Attached is a subaward invoice requesting payment. The PI is responsible to review the invoice to determine that the amount being requested for payment is consistent with the amount of effort performed during the billing period and that any technical reports or other deliverables due under the subaward have been received.

Project #					UMCES PI Name:			
Subrecipient Name:					PO#			
Invoice #					Final Invoice?	Yes	No	
То	be cor	mpleted by	PI:					
1.	The s	The subawardee performing according to the scope of work and the approved budget? Yes No, Do Not Pay & Contact ORAA						
	·	Expenditures are within the project period and the budget as approved in the subaward? Yes No, Do Not Pay & Contact ORAA						
3.	Exper	Expenditures are reasonable and allowable according to progress on the scope of work? Yes No, Do Not Pay & Contact ORAA						
4.	Technical and/or financial reporting requirements are being met? Yes No, Do Not Pay & Contact ORAA						ontact ORAA	
5.	F C	Sharing Required? Documente Amount rep	Yes d? Yes corted to Date:		No NA			
Ιa	Yes Yes Yes Reduce	Yes NA Final Technical report was submitted on (date)						
— Sig	J nature	of PI		_ Date:_				
 PI	Name			-				

A copy of this completed Checklist must be uploaded to KFS with invoice and the original retained in the Lab files.