This routing form has been updated July 2019. It supersedes ALL previous versions.



Office of Research Administration and Advancement

SUBRECIPIENT MONITORING INVOICE CHECKLIST

oraa@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	
To be completed by PI:							
1.	The su	The subawardee performing according to the scope of work and the approved budget? Yes No, Do Not Pay & Contact ORAA					
2.	Expend	Expenditures are within the project period and the budget as approved in the subaward? Yes No, Do Not Pay & Contact ORAA					
3.	Expend	Expenditures are reasonable and allowable according to progress on the scope of work? Yes No, Do Not Pay & Contact ORAA					
4.	Techni	Technical and/or financial reporting requirements are being met?					
			Yes	No, Do Not	Pay & Cor	ntact ORAA	
5.	Cost Sharing						
	Required?		Yes	No			
	Documented? Yes		? Yes	NA			
	Amount reported to Date:						
6.	For Final Invoices, please attest that the following statements are true or not applicable:						
	Yes Yes Yes	Yes NA Final Technical report was submitted on (date)					

Reduced to practice refers to the actual date the invention is constructed. See definition <u>here</u>.

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

Date:_____

Signature of PI

PI Name

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