**Subaward Invoice Payment Checklist**

Subaward No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UCSB PI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Interim Invoices** | **Final Invoices** |
| \_\_\_\_\_Date Stamp the InvoiceVerify that the following is correct on the invoice:\_\_\_\_\_Name and Remittance Address of  Subrecipient\_\_\_\_\_Subaward Number\_\_\_\_\_Current Period of Performance (POP)\_\_\_\_\_Cumulative POP\_\_\_\_\_Detail of Costs Adequate\_\_\_\_\_Amounts\_\_\_\_\_Cumulative Amounts­­\_\_\_\_\_Account and Fund Number\_\_\_\_\_Wire transfer form (if applicable)\_\_\_\_\_Principal Investigator’s Certification\_\_\_\_\_Department Approval\_\_\_\_\_Send to Accounting­­\_\_\_\_\_Certification from Subrecipient in accordance  with 2 CFR 200.415 (a) (if subaward under the  Uniform Guidance (12.26.2014))  | \_\_\_\_\_Date Stamp the InvoiceVerify that the following is correct on the invoice:\_\_\_\_\_States “Final”\_\_\_\_\_Name and Remittance Address of Subrecipient\_\_\_\_\_Subaward Number\_\_\_\_\_Current Period of Performance (POP)\_\_\_\_\_Cumulative POP\_\_\_\_\_Detail of Costs Adequate\_\_\_\_\_Amounts\_\_\_\_\_Cumulative Amounts\_\_\_\_\_Account and Fund number­­\_\_\_\_\_Certification from Subrecipient in accordance  with 2 CFR 200.415 (a) (if subawards under the  Uniform Guidance (12.26.2014))\_\_\_\_\_Subaward Close-out Certification Form\_\_\_\_\_All appropriate boxes are checked\*\_\_\_\_\_All appropriate reports are included\*\_\_\_\_\_Principal Investigator’s Signature\_\_\_\_\_Department Approval\_\_\_\_\_Send to Sponsored Projects Office Attn: Subaward Officer\*The reports that are due are based on the subaward agreement. If a box for a report was not checked please make note for the reason why (for example, a final equipment report was required but no equipment was purchased). |