**Subaward Invoice Payment Checklist**

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

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

|  |  |
| --- | --- |
| **Interim Invoices** | **Final Invoices** |
| \_\_\_\_\_Date Stamp the Invoice  Verify 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 Invoice  Verify 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). |