

**SUBRECIPIENT MONITORING
INVOICE CHECKLIST**

Subrecipient Name: _____ Subrecipient Number: _____
 PI Name: _____ Financial Mgr: _____
 Date Invoice Received: _____ Date Invoice Processed: _____
 Invoice Seq. No: _____ Final No Invoice Period: _____ - _____

Is this STIMULUS funding? (ARRA) Yes No
Stimulus Funding requires prompt and specific billing and reporting requirements.
 See <http://www.umresearch.umd.edu/recovery> for additional information.

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 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