

SUBRECIPIENT INVOICE CHECKLIST
(FOR FIXED PRICE SUBAWARDS/SUBCONTRACTS)

Subrecipient invoices should not be paid unless all applicable criteria are met. Prior to paying Subrecipient invoices, please consider the following:

- Is the subaward / subcontract fully executed?
- Is the total period of performance of the agreement reflected on the invoice?
- Is the subaward / subcontract number reflected on the invoice?
- Is the Milestone/Deliverable/Payment Number reflected on the invoice?
- Does the current amount invoiced match the payment schedule outlined in the agreement?
- Is the total of cumulative amount listed on the invoice? Be sure cumulative amount invoiced is less than or equal to total award amount.
- Does the invoice contain the proper certification statement as defined in Section 200.415 (a) of the Uniform Guidance? (<http://www.gpo.gov/fdsys/pkg/CFR-2014-title2-vol1/xml/CFR-2014-title2-vol1-sec200-415.xml>)
- Is the invoice signed by the subrecipient?
- The PI has confirmed that subrecipient is making adequate technical progress on project via written approval (or completed technical performance, if final invoice)?
- Is this a final invoice? If so, is the invoice marked "final"?

A sample invoice showing the required fields to be completed in accordance with a standard fixed price FDP Subaward Agreement is attached as Exhibit 1.

FIXED PRICE SAMPLE INVOICE

REQUIRED

INVOICE NO:
DATE:

Interim Final

(Includes Certification of Completion)

Subrecipient Phone #:

Subrecipient Fax:

Subrecipient

EIN:

SEND TO: [Email or physical address of PSU Financial Contact\(s\)](#)

Total Period of Performance	
Subagreement #	

REQUIRED

REQUIRED

	CURRENT	CUMULATIVE
	Amount Invoiced (USD)	Amount Invoiced (USD)
Milestone/Deliverable/Payment #: _____	\$	\$
Totals	\$0.00	\$0.00

Please Pay this amount (USD)

REQUIRED

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729–3730 and 3801–3812).

Signature _____

Name

Title

Date

Make all checks payable to: (Subrecipient Name)