

## 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