



Invoice Checklist – Subrecipient Monitoring

| | | | |
|-------------------|-------|--------------------|-------|
| Subrecipient Name | _____ | Vendor Number | _____ |
| PI Name | _____ | Purchase Order No. | _____ |
| Invoice Number | _____ | Invoice Date | _____ |
| | | Date Reviewed | _____ |

| | |
|-----|----|
| YES | NO |
|-----|----|

Is the invoice signed by an authorized person? ☐ ☐

Is the invoice period clearly stated? ☐ ☐

Does the invoice reflect the vendor's name, address, telephone number, and contact person? ☐ ☐

Are the expenses incurred within the period of performance? ☐ ☐

Is the invoice submitted in accordance with the subaward terms and conditions? ☐ ☐

Does the invoice only contain expenses that are allowable under OMB Uniform Guidance*
/agency guidelines/subaward terms and are the invoice expenses in agreement with the line
item budget, per executed agreement? ☐ ☐

Are the cumulative expenses within the overall approved budget amount?
(Ensure that subrecipients are not invoicing for amounts over the approved budget.) ☐ ☐

Are invoice number, period and expenses checked for duplicates, gaps or other improprieties? ☐ ☐

Is the F&A calculated correctly, based on the agreed upon rate?
(Ensure the calculated F&A includes expenses that are subject to F&A) ☐ ☐

Is the invoice total correct, i.e. do totals foot across and down? And do the invoice cumulative-to-date
Does the invoice cumulative-to-date figures reconcile with the department's internal tracking system figures? ☐ ☐

Does the Personnel Services Expenses reconcile with the supporting documents? ☐ ☐

IF FINAL INVOICE

Is the invoice marked FINAL please initial to confirm with PI if the technical progress at completion was
satisfactory and the final invoice has been received and processed for payment. ☐ ☐

Technical/Programmatic Report: _____ Date Submitted: _____

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.

Signature: _____ Date: _____

*** NOTE:**

Back-up documentation on specific budget line items, are requested, if something does not appear correct.
If the answer to any of the questions above is "No", do not approve until all items are resolved.