

SUBCONTRACT/SUBAWARD EXPENDITURE AUTHORIZATION

DO NOT WRITE IN GRAY SHADED AREAS / YELLOW FIELDS - DATA ENTERABLE

Prepared by: _____ Date: _____

ENCUMBRANCE NUMBER:	VENDOR NUMBER:
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Vendor/Payee:		
Address Code/Seq:	Address:	
City:	State:	Zip Code:

I certify that the attached invoice represents authorized expenses, is in compliance with the terms and conditions of the sub-award, and is in proportion to the subrecipients progress to date.

Principal Investigator Signature: _____
Principal Investigator Name: _____

I have received and reviewed the progress reports from this subrecipient, and confirm the costs are in line with the amount of work being reported or deliverables submitted.

Invoice Date: (MMDDCCYY)	Transaction Date:	Due Date	Bank	CM	Vendor Invoice #:	1099 Tax ID:
Document #:						
Document #	Description	COA	Index/Fund	Acct	Amount	
		G				
					TOTAL:	

Please attach Sub-award Invoice.

Department _____
Address _____
Phone _____

CONTRACTS & GRANTS APPROVAL	

Authorized Signature	Date