

Subaward Invoice Payment Certification Form

PI Name:

Attached for your review is the subrecipient's invoice as further identified below. To process or hold payment, please complete this form and return by email both the form and invoice as one PDF document, to the SPA Approver noted below at your earliest convenience.

Subrecipient (Vendor Name):	Subaward #:	UVM Award #:	UVM Project #:	UVM PO #:	Invoice #:	Invoice Date:	Invoice Billing Period:	Invoice Total (Amount to be paid):	Line to Pay From:	Cumulative Amount:	UVM PO Available Balance after Payment:	Final Invoice (Y/N):	CS Commitment on Track
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By signing and approving the attached invoice for payment I am certifying to the following:

- The costs presented in the invoice are reasonable and appropriate for the work performed to date.
- All reports and deliverables required to date have been received, as required by the terms of the subaward.
- If Final Invoice, I confirm the subrecipient made sufficient progress and all final reports and deliverables have been received and accepted, as required by the terms of the subaward.
- The services have been received and I authorize the Disbursement Center to process this invoice for payment.

APPROVED. As Principal Investigator of the subject project, I certify that the subrecipient has sufficiently performed in accordance with the requirements of the subaward and payment of the attached invoice is authorized.

NOT APPROVED. The attached invoice should not be paid for the following reason(s). Please check all that apply:

- Required reports or deliverables have not been submitted or approved.
- Invoiced expenses are not reasonable or verifiable.
- Subrecipient is not making adequate progress or is not performing in adherence with the subaward.

Additional Info: Please provide details regarding why the invoice is not approved (i.e.: incomplete deliverables, specific expense concerns): SPA will contact you with any questions before informing the subrecipient.

PI Signature (or Designee): _____

Date: _____

SPA Approval: