

ATTACHMENT C

Subrecipient/Subcontractor Invoice Approval

Subrecipient Name:			UCCS Reference No.:
			UCCS PO No.
UCCS Principal Investigator/Project Director Name:			Budget Total: \$
Invoice Number:			Current Amount Due: \$
Date Invoice Received:			Cumulative Amount: \$
Invoice Period:	-		
Final Invoice?	Yes	No	Amount Remaining on Subaward: \$
If "Yes" is it marked "FINAL"? Yes No			

I certify payment of this invoice (initial each statement below):

_____is appropriate for work conducted during the stated invoice period,

_____is for allowable costs incurred for the purpose of this award, and

_____all required reports and/or deliverables required to date have been received and are satisfactory.

UCCS Principal Investigator/Project Director

Date