**Subrecipient/Subcontractor (Subrecipient) Invoice Approval**

|  |  |
| --- | --- |
| **Subrecipient Name:**       | **UCCS Reference No.:**       **UCCS PO No.**  |
| **UCCS Principal Investigator/Project Director Name:**       | **Invoice Number:**       |
| **Date Invoice Received:**      **Invoice Period:** **-**  | **Amount Due: $** |
| **Final Invoice? Yes [ ]  No [ ]** **If “Yes” is it marked “FINAL”? Yes [ ]  No [ ]**  | **Amount Remaining on Subaward: $** |

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