



Subcontract Payment Request

- A current, signed Contractual Agreement must be on file with the Office of Research.
- Original invoice must be attached.
- Travel Reimbursement will be included in the amount of the contract.

Payee: _____ Speedkey: _____ Project No.: _____

Purchase Order: _____

Invoice Date: _____

Invoice No.: _____

Amount: _____

Address: _____

City: _____

State: _____

Zip: _____

Distribution of Check:

Email: _____

or

Mail: _____

Payment Message (max 30 characters):

Office of Research Use Only:	
Vendor ID No.:	_____
655501	\$ _____
655502	\$ _____
Total to pay:	\$ _____
Grant Administrator Approval:	

Contract Specialist Approval:	

I certify that the above named payee is not employed by the State of Louisiana during the period of services. (Nor has he/she been employed within the past two years in the same capacity.)

Signatures in blue ink are requested.

Principal Investigator

Printed Name

Date

Signature

Date

Originating Department: _____