UNIVERSITY of NEW ORLEANS	Subaward	Payment Requ	uest & Checklist	
Accounts Payable Section: Use Supplier Invoice Workbench to clear encumbrance				
UNO PI Name:		Spend Category:		
Supplier (Payee):		Extended Amount:		
Invoice Date:		Cost Center:		
Invoice Received Date:				
Invoice (Control Total) Amount:				
Supplier's Invoice #:		Update Tax (Click Bu	utton)	
UNO Subaward #: SCON-0000				
Contract Start Date:		Contract End Date:		
Distribution of Check: (pick one)				
Email:		□ Mail:		
PREPARER To ensure compliance, you must submit this form with each Invoice and/or Reporting Materials for the term of the Subaward. Subaward Name:				
Duration of Subaward:	to			
Items Currently Due (and attached):	Invoice a	nd/or □Reportir	ng Materials	
I. Invoice Checklist:				
II. Reporting Materials Checklist:				
Note: The Progress Reports referred to here are from the Subrecipient to UNO's PI, NOT from the PI to the granting agency.				
\Box Progress Report is submitted on time as required by the Subaward				
\Box Progress Report is in accordance with the requirements outlined in the Subaward				
☐ Each Progress Report from the S approved	Subrecipient is	signed and dated by	y the UNO PI as	



Subaward Payment Request & Checklist

 If Applicable: All additional monitoring measures required explicitly in the subaward for this reporting period have been documented, and the documentation is attached (copies of required emails, logs of phone calls, for example). To ensure compliance, you must submit this form with each Invoice and/or Reporting Materials for the term of the Subaward. III. For Final Invoices and/or Progress Reports: The PI completed the Performance Evaluation Form and a copy is attached If a Federal award, the Subrecipient completed the Close Out Certification Form and a copy is attached Technical report and/or deliverable has been approved, is in accordance with the subaward requirements, and a copy is attached 								
				☐ Final Invoice clearly marked "FINAL" and submitted within time frame required by subaward If applicable:				
				\Box Cost sharing has been met and supporting documents are attached				
				Send all materials currently due to the following address Burt Neal/Monitoring Office of Research 1005 Admin Building 2000 Lakeshore Dr. New Orleans, LA 70148	5			
				Principal Investigator Certification:				
				In signing below, I approve payment of this invoice and attest the reasonable, and progress to date on this project is satisfactory statement of work.	• • • • • • • • • • • • • • • • • • • •			
PI Signature	Date							
Office of Research use only:								
Approved by	Date							
Office of Research								