

LOW-RISK SUBRECIPIENT INVOICE CHECKLIST

Subrecipient Name: _____

Purchase Order: _____

Subrecipient Risk: _____

Invoice Number: _____

COST REIMBURSABLE INVOICE:

Confirm invoice submission is in accordance with requirements of subaward (i.e. quarterly)

Confirm invoice includes certification statement

Confirm invoice details time period which expenses were incurred

Confirm invoice format includes current period costs, cumulative costs and cost share (if applicable)

Confirm expenses have been distributed to major categories (not a one line invoice)

Confirm cumulative expenditures do not exceed the total amount of the subaward

Confirm expenses are reasonable, allocable, and allowable with respect to the award terms

Confirm budget deviations are allowable and within the requirements of the subaward

Confirm, if applicable, cost share commitments are met

Confirm F&A costs have been calculated correctly

Confirm with the IU Principal Investigator that the subrecipient's work is progressing in a satisfactory manner compared to costs incurred

FIXED PRICE INVOICE:

Confirm the invoice identifies the deliverables/tasks being billed, award amount for each deliverable/task, and any timeline or due dates

Confirm that there is adequate documentation from the PI that the deliverable/task has been satisfactorily completed

Approver initials: _____

(Payment request approver has performed a review of the invoice and supporting documentation)

If any information is missing, is incorrect, or if there is an unallowable expense included in the invoice:

- Place the payment request on hold or request that AP cancel the payment request
- Contact the subrecipient for additional supporting documentation or other necessary resolution
- Contact ORA Subrecipient Auditor with questions