

Subaward Payment Authorization Form

In order to ensure compliance with Federal, State, and University requirements, the following information is required when a department requests payment of a Subrecipient invoice. If this form does not accompany your request for payment of a Subrecipient invoice, the department will be notified by the SPS SubAwards Team and payment to the Subrecipient could be delayed.

Subaward PO No: _____

Invoice No: _____

Payment Amount*: _____ Object Code 3350 (first \$25K of each subaward)

_____ Object Code 3340 (all remaining funds)

*If different than amount requested, please provide explanation on an attached sheet.

Business Officer Certification

- I have a Fully Signed Subaward or Subaward Modification for the period of performance indicated in this invoice.
- The attached invoice has been reviewed for compliance with the Subaward Budget.
- The attached invoice has been reviewed for allowability of costs in accordance with the prime award.
- The Subrecipient has provided an invoice, **including the required certification**, and the appropriate system-generated financial backup documentation, as required by the Subaward terms and conditions. This provides the basis upon which I approve the payment of the attached invoice. The department will make all documentation available for review upon request.

Signature of Business Official – **This signature certifies all above actions have been completed**

Print Name: _____

Date

Principal Investigator Certification

Regular verification of Subrecipient performance has occurred through (**one or more of the following MUST be checked**):

Receipt of written **Technical** and/or **Performance** reports

Telephone conversations

E-mail correspondence

Other. Please explain: _____

- The attached invoice represents a request for payment that is in accordance with technical progress on the Scope of Work of the Subaward to date.
- Records of Subrecipient's **Technical** or **Performance** reports will be retained and made available for review upon request by the SPS SubAwards Team.

Signature of Principal Investigator - **This signature certifies all above actions have been completed**

Print Name: _____

Date

Please send this form and supporting documentation to FSO Operations via email at invoices@fso.arizona.edu.
Do not send invoices or this form to the SPS SubAwards Team.