

CERTIFICATION OF INVOICE FOR PAYMENT

INSTITUTION _____

SUBAWARD NUMBER _____

SPEEDTYPE _____

PURCHASE ORDER _____

REQUISITION NUMBER _____

DEPARTMENT _____

Please find attached an invoice from _____

(Enter Invoicing Institutions Name)

in the amount of _____

(Enter Invoice Payment Amount)

As Project Director, I certify the following conditions have been met and approve the expenditures as described in the attached invoice.

1. Subcontractor has demonstrated an acceptable level of progress according to the scope of work as defined in the attached invoice.
2. All reports and deliverables due have been received according to the terms of the Subaward agreement.

Project Director (Signature)

Date

Project Director (Print)

Date

FINAL INVOICE:

The attached invoice represents the final accounting of expenditures for _____

(Enter Invoicing Institution)

The signature of the Project Director below certifies that final deliverables and/or reports have been received.

Project Director (Signature)

Date

**PLEASE PRINT THIS FORM AND SEND WITH INVOICE TO:
ACCOUNTS PAYABLE OFFICE
CEDAR AVENUE SERVICE CENTER LOCATION CODE: 4909**