

Subrecipient Payment Authorization*Effective 1/23/2015*

This form should be used to pay one or more invoices to a single subrecipient institution charging a single FAS account.

Subrecipient Organization: _____

10-digit FAS Account to Charge: _____

Invoice Number(s): _____

This section is to be completed by the Principal Investigator. If the Principal Investigator is unable to sign, see the reverse side for instructions.

I certify that the attached invoice represents authorized expenses, is in compliance with the terms and conditions of the subaward, and is in proportion to the subrecipient's progress to date.

Principal Investigator Signature: _____

Date

Principal Investigator Name: _____

Initial below:

____ I have received and reviewed the progress reports from this subrecipient.

If not, describe how progress is monitored:

Submit the Non-Travel Payment Request via the ePayment system (<https://epayment.uchicago.edu>).
Include the Subrecipient Payment Authorization and the subrecipient invoice as attachments.

Subrecipient Payment Authorization*Effective 1/23/2015***If the Principal Investigator cannot sign the form but is able to certify by email:**

Attach the invoice to an e-mail along with the following verbiage in the body of the message and send it to the PI. Attach the PI's response to the Non-Travel Payment Request.

- Name of the subrecipient
- Dollar amount
- Invoice period

I certify that the attached invoice represents authorized expenses, is in compliance with the terms and conditions of the subaward, and is in proportion to the subrecipient's progress to date.

I have received and reviewed the progress reports from this subrecipient. (If not, describe how progress is monitored.)

If the Principal Investigator is not available to certify:

Explain why the Principal Investigator was unable to approve.

Describe how you are in a position to certify.

Signature: _____

Date

Name: _____

Title: _____