

Desk Audit
LSU Health Sciences Center – New Orleans
[LSUHSC Subrecipients Monitoring Policy](#)

Date: _____
LSUHSC Project #: _____
LSUHSC Principal Investigator: _____
LSUHSC Department: _____
CFDA Title: _____
CFDA Number: _____ Award Number: _____
Award Type: _____ Award Year: _____
Award Title: _____

Name of Federal awarding agency: _____

Compliance Requirements: The Standard Provisions for the Federal Prime Grant Award also apply to this agreement. Specifically, in order of precedence, they are: (1) Legislation: 42USC 241; (2) Regulations: 42 CFR Part 52; (3) NIH Grant Sponsor’s Policy Statement; (4) 2 CFR 215.

Subrecipient Name and Address: _____

Subrecipient DUNS Number: _____

Subrecipient’s Senior Investigator: _____

Sub-award total: _____

Audit of Subrecipient Invoice # _____ Dated: _____

Invoice Line Audited _____ Amount: _____

Explanation of procedures used for the audit.

Attachments _____

I certify that I have reviewed the supporting documents against the audited invoice. The expenses on the invoice are allowable, allocable, and appropriate under the guidelines of the subaward and federal award

Print name Signature Date