

**Subrecipient Name**

**Billing Period:**

**Billing Amount:**

**Purchase Order #:**

**PS Grant #:**

**Invoice #:**

**Date:**

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As LSUHSC-NO's Principal Investigator, I acknowledge that I am responsible for approving and authorizing payment to this Subrecipient. I certify that this request is allowable, allocable, reasonable, and appropriate for the work being performed. I am satisfied with the progress and performance conducted by the Subrecipient. If there are any questioned costs, I have obtained additional supporting documentation or written clarification and reconciled it to the invoice prior to approval. I understand that I am responsible for ensuring that appropriate documentation related to any required cost sharing has been obtained.

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**LSUHSC Principal Investigator**

Financial Approvals by department and Sponsored Projects:

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**Department Business Official**

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**Sponsored Projects**