

INTERNAL LSUHSC SUBAWARD INVOICE APPROVAL FORM

Subrecipient Name

Billing Period:

Billing Amount:

Purchase Order #:

PS Project #:

Invoice #:

Date:

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.

LSUHSC Principal Investigator

Financial Approvals by department and Sponsored Projects:

Department Business Official

Sponsored Projects