

Subawardee Invoice Approval Form

SPONSORED PROGRAMS ADMINISTRATION 3700 West Pine Mall Fusz Memorial Hall Suite 357	To: From: Date: Subject:	Lei Tang Subaward payment request
P 314-977-7742 F 314-977-7371 E ospa@slu.edu	The Depart	ment received the enclosed invoice for:
www.slu.edu	Subaward	
		ee.
	Date: Fund:	Account Code:
	eRS#:	Account Code:
	Amount:	
	This invoice has been approved for payment. Please process ASAP. Thank you for your prompt attention to this matter. I certify that all of the expenditures reported (or payment requested) are for appropriate purposes and in accordance with the provision of the application and award document.	
	satisfied wi	ertify that I have properly monitored this collaborator and I am th their work.
	PI Signatu	re Date