LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER- NEW ORLEANS
OFFICE OF SPONSORED PROJECTS ADMINISTRATION
SUB-RECIPIENT AWARDS AND CONTRACTS

Request For Payment of Sub-recipient Invoice(s): Certificate of Sub-recipient

This form must be attached to both desk audit invoices and the final invoice. Invoices will not be paid unless information sufficient to validate the requested invoiced amount is attached to the invoice(s). This Form must be (i) completed and signed by the Principal Investigator and the Department Financial Official of the sub-recipient. Once completed and signed, this Form, together with any additional material and information required below, should be sent to the LSUHSC-NO Financial Contact.

Prime Award #:______________________ Prime Sponsoring Agency:____

Name of sub-recipient:____

I, the undersigned, being an authorized representative of the above referenced sub-recipient (the "sub-recipient"), do hereby certify as follows:

1. I have fully reviewed the attached invoice(s) and they reflect expenses that (i) have been incurred in accordance with the budget attached to the sub-recipient contract executed between the sub-recipient and the Louisiana State University Health Sciences Center -New Orleans in connection with the above referenced Prime Award (the "sub-recipient contract"), (ii) have been incurred within the period for performance required by the sub-recipient contract, and (iii) are appropriate to be paid;

2. as of the date of this certificate, the sub-recipient has (i) performed all of the obligations required to be performed by it pursuant to the terms of the sub-recipient contract, and (ii) has not materially breached and is currently not in material breach of the terms of the sub-recipient contract;

3. as of the date of this certificate and to the best of my knowledge, (i) the representations and warranties made by the sub-recipient pursuant to the sub-recipient contract remain true and accurate, and (ii) I am not aware of any fact or circumstance that leads me to believe that (a) the sub-recipient is unable to continue to perform its obligations under the sub-recipient contract, and (b) the sub-recipient and/or any of its investigators or personnel undertaking the work pursuant to the sub-recipient contract have been debarred or suspended from receiving federal grants or contracts or from participating in any federal or state healthcare program.

☐ *(Check if applicable):* One or more of the attached invoice(s) reflect milestone or other periodic payments. The information set forth below correctly identifies the milestone payment or periodic payment requested to be paid.

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Dated: __________________________, 20__

Subrecipient Principal Investigator: ____

Subrecipient Financial Official: ____