

**Subrecipient Payment and Performance Certification**

Subrecipient's Name: _____	Invoice Date: _____	
Invoice No. _____	Grant/Award No. _____	Sponsor Name: _____
Prime Project Title: _____	Period Covered: _____	
Amount Due: _____	Amount Remaining on Subgrant/award for Payment: _____	
Date of Most Recently Reviewed Progress Report _____		

Description of Services Performed During the Billing Period: Please describe any steps you have taken to verify that the Subrecipient has performed as stated on its invoice (e.g. site visits, technical/progress reports, sample deliverables, meeting notes/agenda, time expense reports, etc.). <b>**** required****</b>
<b><u>High Risk Accounting Statement review dates: (require initials and date performed).</u></b> Note: for detail review, if not done currently, enter date last performed
Summary Review _____ Detail Review (required every 6 months) _____

<b>I hereby authorize payment for the attached invoice and certify that I have received and reviewed all due reports and/or deliverables from the Subrecipient that are the basis of this invoice. I am satisfied with the Subrecipient's performance to date. To the best of my knowledge, the Subrecipient's invoice reflects expenditures that are reasonable, allowable and allocable and are in compliance with the terms and conditions of the subaward/subgrant.</b>	
Name : _____ Authorized Program Representative /Principal Investigator	
Signature: _____ Authorized Program Representative /Principal Investigator	Date: _____
Name : _____ Authorized Financial Analyst (in Baltimore, Maryland, USA)	
Signature: _____ Authorized Financial Analyst (in Baltimore, Maryland, USA)	Date: _____

***Please retain all documents reviewed as the basis for this Certification.***