



UNIVERSITY CORPORATION AT MONTEREY BAY
100 Campus Center, Seaside, California 93955-8001

SUBAWARD INVOICE CERTIFICATION
(To be completed and signed)

Subaward Number:

Fund Number:

P.I. Name:

Subrecipient Invoice Number:

The Corporation has made a subaward to (the Subrecipient),
as part of the performance of (award title/number)

As the principal investigator for (award title/number)

I have monitored the activities of the Subrecipient that were funded by the Subaward and I have reviewed all financial and programmatic reports (if any) that were submitted to me by the Subrecipient for the Subaward.

I certify that all of the Subrecipient's activities that were funded by the Subaward were carried out for authorized purposes, as defined by the terms and conditions of the Subaward. I further certify that the Subrecipient has carried out all work, as necessary at this stage in the Subaward timeframe, toward achieving the Subaward's performance goals as specified in the Subrecipient's statement of work. To the best of my knowledge, the costs included on the attached invoice are reasonable and appropriate for the work performed.

Principal Investigator Signature

Date

Department: Keep this certification with a copy of each invoice in your files and return a copy to Corporation Accounts Payable with your fully approved invoice.