SUBRECIPIENT INVOICE TO BE WIRED

Attach this cover sheet to its corresponding invoice & wire request form and fax to UCSD Disbursements: (858) 534-4621

<table>
<thead>
<tr>
<th>Subrecipient:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO #:</td>
</tr>
<tr>
<td>Invoice #:</td>
</tr>
<tr>
<td>Invoice Amount:</td>
</tr>
</tbody>
</table>

SUBRECIPIENT INVOICE MONITORING

The attached invoice has been reviewed confirming costs for work performed are reasonable, allowable, and applicable, expenditure is within the parameters of the sub-award budget, and that costs were incurred during the period of performance for the award.

______________________________ ________________________________
PI or Designee’s Signature PI or Designee’s Printed Name

______________________________
Date Signed

PLEASE PROVIDE THE DEPT CONTACT EMAIL ADDRESS ______________________________

Only invoices that have signature approval of the responsible PI/designee should be faxed. We encourage you to retain the original of the reviewed and verified invoice for your internal departmental purposes.

INVOICES $10K AND GREATER SIGNATURE APPROVAL

The following information is required in order to verify the receipt of goods or that the services have been performed. This differs from the above responsibility and is required by UC policy for payment.

- Write, stamp, or provide a statement indicating approval for payment.
- A person with signature authority must sign, print name, add telephone number, and date.

Note: Electronic/Digital signatures are not acceptable due to security risks.