

**THE UNIVERSITY OF ALABAMA AT BIRMINGHAM  
OFFICE OF GRANTS AND CONTRACTS ACCOUNTING  
SUB-RECIPIENT AWARDS AND CONTRACTS**

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

All invoices submitted by a sub-recipient for which payment is being requested must be attached to this Form. Invoices will not be paid unless information sufficient to validate the requested invoiced amount is attached to the invoice. This Form must be completed and signed by the UAB Principal Investigator or the Award Manager. Please complete one Form for each sub-recipient. The Dean of the applicable School must countersign this Form if any of the submitted invoice(s) are 120 or more days old. Once completed and signed, this Form, together with the certificate signed by the sub-recipient, the invoice(s) for which payment is requested and all information supporting the invoice(s), should be scanned in accordance with its current payment request policy.

Prime Award #: \_\_\_\_\_ Prime Sponsoring Agency: \_\_\_\_\_

Name of sub-recipient: \_\_\_\_\_ Oracle account string: \_\_\_\_\_

I, the undersigned, being the designated Principal Investigator pursuant to the above referenced prime award (the "Prime Award"), do hereby certify as follows:

1. I have fully reviewed the attached invoice(s) submitted by the above referenced sub-recipient (the "sub-recipient") and they reflect expenses that (i) have been incurred in accordance with the budget attached to the above referenced sub-recipient contract (the "sub-recipient contract"), (ii) have been incurred within the period for performance required by the Prime Award, (iii) are reasonable in amount, and (iv) are appropriate to be paid;
  2. the sub-recipient has (i) submitted all progress reports and other data, including research data, required to be provided by it for the period commencing with the effective date of the sub-recipient contract and ending on the latest date of the attached invoice(s) in a timely manner and in accordance with the terms of the sub-recipient contract, and (ii) as of the date of this certificate, has performed all of the obligations required to be performed by it pursuant to the sub-recipient contract; and
  3. as of the date of this certificate, I am not aware of any fact or circumstance that leads me to believe that (i) the sub-recipient is unable to continue to perform its obligations under the sub-recipient contract, and (ii) 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 "Milestone Payment". The information set forth below correctly identifies the Milestone Payment requested to be paid. The sub-recipient has met all conditions/criteria required to be satisfied prior to payment of the Milestone Payment. The sub-recipient is entitled to payment of the Milestone Payment in accordance with the terms and conditions of the sub-recipient contract.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: \_\_\_\_\_, 20\_\_ Signature: \_\_\_\_\_

If applicable, Dean's signature: \_\_\_\_\_ Dated: \_\_\_\_\_, 20\_\_