

Subaward Invoice Review Delegation Form

Purpose: This form documents the delegation of sub-award invoice review responsibilities when the Principal Investigator (PI) is unavailable.

Project Information

Project Title: _____

Grant/Proposal Number: _____

PI Name: _____

PI Contact Information: _____

Delegate Information

Delegate Name: _____

Delegate Title/Position: _____

Delegate Contact Information: _____

Delegate's Relationship to Project (e.g., Co-Investigator, Project Administrator): _____

Delegation Details

Start Date of Delegation: _____

End Date of Delegation (if known): _____

Scope of Delegated Responsibilities:

Delegate is authorized to review and approve subaward invoices in the absence of the PI, including the following responsibilities:

- Review the accuracy of subaward invoice charges.
- Confirm compliance with project budget and terms.
- Approve invoice for payment or provide written confirmation of review.

Acknowledgements

PI Acknowledgment: I acknowledge that I am delegating subaward invoice review responsibilities to the above-listed delegate during my unavailability. I will ensure that the delegation is documented and completed according to the outlined scope.

PI Signature: _____

Date: _____

Delegate Acknowledgment: I acknowledge my responsibilities for reviewing and approving subaward invoices during the PI's unavailability. I will follow all guidelines and procedures as outlined.

Delegate Signature: _____

Date: _____