


NEW SUBRECIPIENT INVOICE DISBURSEMENT FORM AS IT WILL APPEAR ON THE AP FORMS PAGE



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Forms

Click on any of the following to access your form. For compatible *HTML Only Web Client* browsers please visit this [website](#). To see how you can create an invoice number for a disbursement form if you do not have one please see this [chart](#) .

- Disbursement Request Form
- Event Deposit Form 
- Subrecipient Invoice Request Form** 

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NEW SUBRECIPIENT INVOICE DISBURSEMENT FORM (**RED*** MEANS REQUIRED FIELD)

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Subrecipient Invoice Disbursement Form

Please wait... it may take a moment for this page to load.

Disbursement Request Form

 **Source Document No.**

Disbursement Request Type *

Please review the Subrecipient Invoice with the Principal Investigator (PI). The PI should review the invoice to determine if sufficient technical progress has been made to justify payment of the subrecipient invoice. This review should include:

- A brief review of the invoice, with special attention to the salary and wage costs invoiced;
- A review of travel expenses to verify need for the travel during the billing period; and
- A review of material and supply charges for reasonableness.

The signature of the PI on the invoice is required. Alternate signatures (e.g.: department administrator, graduate research assistant, postdoctoral fellow, etc.) are not considered adequate. In the instance where PI signature is not available, an email evidencing the PI approval will be accepted.

Subrecipient / Payee Name * <input type="text"/>	Submitter Name * <input type="text"/>
Address Line 1 <input type="text"/>	Date Submitted * <input type="text" value="12/13/2017"/>
Address Line 2 <input type="text"/>	Submitter Phone * <input type="text"/>
Address Line 3 <input type="text"/>	Submitter Email Address * <input type="text"/>

City State Zip Code

Country

Disposition of Payment *

Account Distribution: For account distribution allocations, click the "Add" button to the right.

GL Account *	Amount *	Cost Object (CC/IO/SP) *	Fund Reservation Number *	Fund Reservation Line Item *	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Remove"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Remove"/>

Total Amount in USD:

Research Administrator:

Name * Date * Phone * Email Address *

*Must be an @bu.edu address

Invoice Number * Invoice Date *

All expenditures must have supporting documentation. (Information provided will be placed in the text field in BW reports) Please include Fund Reservation Number and period covered by invoice. Ex: 450000XXXX SEP-OCT 2017. *

Attach Supporting Documentation (Attach Subrecipient Invoice to this form)

Invoice (include supporting documents in this file. Can be multiple pages.) *

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