Certification for Payments to be made under a Subcontract University of Mississippi

Purchase Order Number:	
Name of Subcontractor:	
Sponsoring Agency:	
Prime Contract Number:	
UM Subcontract Number:	
SAP Vendor Number:	
Subcontractor Invoice Number:	
Invoice Period:	
CAR C	
SAP Grant Number:	
SAP Account Number:	
CAD CL Name have	FF004
SAP GL Number:	55884
Amount to be Doid:	<u> </u>
Amount to be Paid:	\$ -
For Procurement Only - Quantity Line Item 1: I certify, to the best of my knowledge, that the expenditures incurred by the subrecipient for which reimbursement is requested are appropriate and in accordance with the terms and conditions of the subaward and applicable federal and state regulations. In addition, I certify that the subrecipient is in compliance with programmatic reporting requirements and that expenditures appear to be reasonable based on the technical progress of the report.	
Project Director Signature	Date

UM Subcontract Pay Cert FY17 For UM Internal Use Only