



## SUBRECIPIENT PROCUREMENT FORM

**Note:** *Subcontracts of \$25,000 or more on Federal Grants or Contracts must have written sponsor approval before they can be executed. All subcontracts are cost reimbursable.*

RF Project Task and Award Number Campus Code: 160

Project	Task	Award	Organization	Expenditure Type

**Subrecipient Name:**

**Subrecipient's Project Director**

**Subcontract Start Date:**

**Subcontract End Date:**

**Amount of Subcontract: \$**

**Is Cost Sharing Required?**  Yes  No **Amount, if Yes: \$**

**Subrecipient's Federal ID Number**

Subrecipient's Mailing Address:

Street:

City / State / Zip:

**Type:**  Profit  Non-Profit  Incorporated  Yes  No

**Project Title:**

**Prime's Project Director:**

**Invoice Schedule** (List any special payment conditions if the contractor is not to be paid the full amount upon completion of the scope of services)

Quarterly  Monthly  Special Payment Conditions

**Technical Report Schedule**  Quarterly  Monthly  Other (specify)

### **SCOPE OF WORK & BUDGET**

Please provide a detailed description of the services that are to be rendered by the contractor. Include specific tasks and dates to be completed as well as any written reports to be submitted by the contractor.

Contractor must provide sufficient details in their invoice as to how funds were expended to satisfy sponsors accounting requirements.