



Subcontract Payment Request

- A current, signed Contractual Agreement must be on file with the Office of Research.
- Original invoice must be attached.
- Travel Reimbursement will be included in the amount of the contract.

Payee _____

Purchase Order _____

Invoice Date _____

Invoice # _____

Amount _____

Address _____

City _____

State, Zip _____

Distribution of Check:

Email _____ or

Mail _____ If Mail: _____

Payment Message – max 30 characters

SPA (Sponsored Program Accounting) & ORSP (Office of Research Sponsored Program) use only:

PO # _____

Vendor ID # _____

Total to pay \$ _____

SPA Approval _____

ORSP Approval _____

I certify that the above named payee is not an employee of the LSU system during the period of services. (Nor has he/she been employed within the past two years in the same capacity). Signatures in blue ink are requested.

Principal Investigator

Printed Name Date

Signature Date

Dean / Director/Chair

Printed Name Date

Signature Date

Originating Department _____

A/P Approval _____