LOUISIANA STATE UNIVERSITY

SUBAWARD CLOSEOUT FORM AS857

Subaward No. _____ **Subrecipient**: _____

Please check the appropriate boxes, sign, date and return to spa@lsu.edu.

1. Final Technical Report/Deliverables

☐ All technical reports and/or deliverables have been satisfied through direct communication to the LSU Principal Investigator.

2. Final Invoice/Financial Reporting

☐ There are NO outstanding claims against this subcontract.

☐ A Final Invoice has been submitted to LSU and only the amount included in the Final Invoice is due. (Any additional outstanding claims should be noted.)

3. Cost Sharing

☐ All required cost sharing obligations have been met and reported.

4. Patent Report

☐ There are no inventions to be reported under this Subaward.

☐ An invention has resulted from the performance of this Subaward. *An invention disclosure is attached or has been reported in accordance with the terms and conditions of the agreement.*

5. Property Report

☐ No reportable equipment was purchased with this Subaward.

☐ Reportable equipment was purchased with this Subaward and will be disposed of in accordance with the terms and conditions of the agreement. *A completed property report, if required by the Subaward, is attached.*

6. Other Certifications

☐ Fixed Price Subaward – a Certificate of Completion, in accordance with 2 CFR 200.201(b)(4), has been emailed with the final invoice to the PTE's Financial Contact identified in Attachment 3A.

I hereby certify the above information is correct and in accordance with the terms of the Subaward.

_____	_____	_____
Subrecipient Authorized Signature	Printed or Typed Name	Date

For LSU use only

Principal Investigator Subaward Closeout Authorization

By signing, you attest to the fact that 1) all terms and conditions of the above referenced Subaward have been met, 2) you are satisfied with the performance of the Subrecipient, 3) all selections made by the Subrecipient in the previous section are complete and accurate, and 4) no further action is required by the Subrecipient.

_____	_____	_____
LSU Principal Investigator Signature	Printed or Typed Name	Date