



Subrecipient Prepayment Information				
Subrecipient Name:		Subaward Number:		
Subaward PI Name:		Yale PI Name:		
Yale Award Number:		Yale Department:		
Subaward Incrementally Estimated Total:		Subaward 12-Month Budget Total:		
Subaward Period of Performance:				
Justification for Prepayment: <i>Note: Must attach request and justification from subrecipient's Authorized Official.</i>				
Sponsored COA Values on Supplier Invoice Request:				
Non-Sponsored PI COA Values (to guarantee prepayment):				
Non-Sponsored Department Chair/Dean COA Values (to guarantee prepayment if not covered by PI):				
Request Date	Prepayment Period	Prepayment Amount *	Total Amount Invoiced	Cash Balance
		Initial:	0	0
		2 nd :		
		3 rd :		
		4 th :		

* Initial prepayment amount is limited to 25% of the 12-month budget. Subsequent prepayments require the approval of the Executive Director, OSP.

Certifications				
Initial Certification: I certify to the accuracy of the information represented in this document.				
PI Signature:		Lead Administrator Signature:		Chair/Dean Signature:
Date:		Date:		Date:
The initial prepayment amount is limited to 25% of the 12-month budget. If this request is for a larger percentage, exception approval from the Executive Director, OSP is required (below). If this request is for 25% or less, no such approval is needed.				
Executive Director, OSP Signature:		Date:		

2nd Certification: I certify to the accuracy of the information represented in this document.				
PI Signature:		Lead Administrator Signature:		Chair/Dean Signature:
Date:		Date:		Date:
Executive Director, OSP Signature:		Date:		

3rd Certification: I certify to the accuracy of the information represented in this document.				
PI Signature:		Lead Administrator Signature:		Chair/Dean Signature:
Date:		Date:		Date:
Executive Director, OSP Signature:		Date:		

4th Certification: I certify to the accuracy of the information represented in this document.				
PI Signature:		Lead Administrator Signature:		Chair/Dean Signature:
Date:		Date:		Date:
Executive Director, OSP Signature:		Date:		