



SAINT LOUIS

## Subawardee Invoice Approval Form

To: Lei Tang

From: \_\_\_\_\_

Date: \_\_\_\_\_

Subject: Subaward payment request

The Department received the enclosed invoice for:

[ospa@slu.edu](mailto:ospa@slu.edu)

[www.slu.edu](http://www.slu.edu)

Subawardee: \_\_\_\_\_

Date: \_\_\_\_\_

Fund: \_\_\_\_\_