Subaward Release of Claims
University of Minnesota – Office of Sponsored Projects Administration

Subaward #: ________________________

Subrecipient Name: ________________________

Section I – Financial Information

The total amount of $________________ has been received under this subaward.

☐ There are NO outstanding claims against this subaward. The University of Minnesota is not obligated to honor claims made after this block is checked and this form signed and returned.

☐ Only the amount included in the Final Claims Voucher/Invoice estimated to be $________________ is due. When the Final Claims Voucher/Invoice is paid by University of Minnesota, there will be no further claims against this subaward.

Section II – Patents

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

☐ Listed below are all inventions required to be reported under this award.

Name of Inventor: ________________________

Site(s) of Invention: ________________________

Please note that if an invention has resulted from this project, a complete invention disclosure must accompany this form, if one has not been previously provided.

Section III – Federal Government Equipment

☐ There is neither government furnished equipment not equipment purchased with money from this subaward to be reported under this subaward. (Please review subaward Terms and Conditions)

☐ All government furnished equipment and reportable equipment purchased with money from this subaward has been delivered to the US Government or is awaiting disposition instructions.

Date: ________________________

Signature (Authorized Signatory): ________________________

Printed Name: ________________________

Title: ________________________

Complete all sections, check boxes as appropriate, and return to
Office of Sponsored Project Administration
Fax #612.624.4843, Phone #612.624.5599
Email: sub-inv@umn.edu Please reference subaward number in email subject line

1/27/16