

Attachment 3A
Research Subaward Agreement
Pass-through Entity (PTE) Contacts

Subaward Number:

Pass-through Entity (PTE)

Name:
Address:

City: State: Zip Code:

Zip Code [Look-Up](#)

PTE Administrative Contact

Name:
Address:
City: State: Zip Code:
Telephone: E-mail:

PTE Principal Investigator (PI)

Name:
Address:
City: State: Zip Code:
Telephone: E-mail:

PTE Financial Contact

Name:
Address:
City: State: Zip Code:
Telephone: E-mail:

Emailed invoices preferred? Yes or No

Invoice E-mail (if different to financial contact):

If invoices should not be e-mailed: send invoices to address above? Yes or No If no, enter address below.

Invoice Address (if different to Financial Contact):

PTE Authorized Official

Name:
Address:

City: State: Zip Code:
Telephone: E-mail:
Central E-mail: