

**State Water Resources Control Board
Underground Storage Tank Cleanup Fund**

PROOF OF PAYMENT AFFIDAVIT INSTRUCTIONS
(Used to verify payment by the **CLAIMANT** for goods/services)

Use the instructions below to complete the Proof of Payment Affidavit Form. This form can be used by the **claimant** in lieu of providing alternative documentation as adequate proof of payment (i.e., copies of cancelled checks, etc.) to verify that their services/goods provider(s) have been paid. All sections of the form **must** be complete for the form to be accepted by the Fund. Only one vendor can be listed on the form. If additional space is needed to list more invoices, complete the Additional Check/Invoice Information Sheet.

The Proof of Payment Affidavit Form can be obtained from the Fund's web site at:
http://www.waterboards.ca.gov/water_issues/programs/ustcf/forms.shtml.

(NOTE: This form is the Fund's preferred method of proof of payment documentation.)

- **Section A (Claim Information)** – Enter the claim's information in this section. This information should match **exactly** the claim's information on the Reimbursement Request Form. Failure to include the correct information will result in the form being rejected.
- **Section B (Provider Information)** – Enter the vendor's information in this section. Only one vendor can be listed on the form. (NOTE: A new form must be completed for each vendor.)
- **Section C (Check/Invoice Information)** – List the check with the invoice being paid in this section. Remember to include the Reimbursement Request (RR) number in which the invoice was submitted to the Fund. The "Payor Name" is the account holder's name listed on the check. The "Amount Paid to Invoice" is the amount of the check being applied to the invoice listed. If more spaces are needed, complete the Additional Check/Invoice Information Sheet. (NOTE: This information should be completed by the claimant. The Additional Check/Invoice Information Sheet **must** have original signatures to be accepted by the Fund.)
- **Section D (Provider Certification)** – Read the certification in its entirety and sign on the line to certify that the information contained on this form is complete and accurate. The person signing should have the authority to act on the vendor's behalf.
- **Section E (Claimant Certification)** – Read the certification in its entirety and sign on the line to certify that the information contained on this form is complete and accurate. The person signing should be the claimant or have the authority to act on the claimant's behalf (as acknowledged in an on-behalf-of agreement with the Fund).

Underground Storage Tank Cleanup Fund PROOF OF PAYMENT AFFIDAVIT FORM

A	Claim No.: _____ Claimant Name: _____ Site Address: _____ Claimant Phone: _____ Claimant Fax: _____ Claimant E-mail: _____																																				
B	Provider Name: _____ Provider Address: _____ Provider Phone: _____ Provider Fax: _____ Provider E-mail: _____																																				
C	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 25%;">Payor Name*</th> <th style="width: 10%;">Check No.</th> <th style="width: 10%;">Check Date</th> <th style="width: 15%;">Check Amt.</th> <th style="width: 15%;">Invoice No.</th> <th style="width: 10%;">Invoice Date</th> <th style="width: 10%;">Invoice Amt.</th> <th style="width: 10%;">Amt. Paid to Invoice</th> <th style="width: 5%;">RR No.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>* Payor Name: Enter the name of the person/entity that paid the vendor exactly as the account holder's name appears on the check(s). (NOTE: The account holder's name is typically found in the upper left corner of the check.)</p>	Payor Name*	Check No.	Check Date	Check Amt.	Invoice No.	Invoice Date	Invoice Amt.	Amt. Paid to Invoice	RR No.																											
Payor Name*	Check No.	Check Date	Check Amt.	Invoice No.	Invoice Date	Invoice Amt.	Amt. Paid to Invoice	RR No.																													
D	<p>Provider Certification: I, the undersigned, certify under penalty of perjury that I/my organization received payment by means of the check(s) identified above, in the amount stated above, for the invoices indicated above, from the claimant or the paying entity identified above.</p> <p>_____ Signature and Date _____ Print Name and Title</p>																																				
E	<p>Claimant Certification: I, the undersigned, certify under penalty of perjury that I am the claimant for the above-mentioned claim and I have paid all of the invoices listed on this affidavit, or the payor identified above has paid all of the invoices listed on this affidavit pursuant to our on-behalf-of agreement that has been provided to the Fund.</p> <p>I acknowledge that the Fund may require me to provide additional proof of payment verification at any time up to three years after disbursement of the final payment for this claim.</p> <p>_____ Signature and Date _____ Print Name and Title (Claimant)</p> <p>_____ Signature and Date _____ Print Name and Title (Joint-claimant)</p> <p>_____ Signature and Date _____ Print Name and Title (Co-payee)</p>																																				

