State Water Resources Control Board
Underground Storage Tank Cleanup Fund

PROOF OF PAYMENT CERTIFICATION INSTRUCTIONS

Use the instructions below to complete the Proof of Payment Certification Form. Claimants should use this form to certify that eligible costs approved and reimbursed by the Fund have been paid in full.* All sections of the form **must** be completed to be accepted by the Fund. If additional space is needed, complete another Proof of Payment Certification Form. Forms can be submitted by mail, electronically at USTCF_Payments@waterboards.ca.gov, or by fax to (916) 341-5806. The Proof of Payment Certification Form can be obtained from the Fund's web site at: http://www.waterboards.ca.gov/water_issues/programs/ustcf/forms.shtml.

(NOTE: Failure to use this form will delay the review of your reimbursement request.)

- **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 (Invoice Information) –** Remember to include the Reimbursement Request (RR) number in which the invoice(s) was submitted to the Fund. List the invoice(s) that you paid after receipt of reimbursement from the Fund. The "Invoice Amount Paid" is the amount the claimant has paid the vendor for that invoice. If more spaces are needed, complete an additional Proof of Payment Certification Form.

- **Section C (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 authorized by a Power-of-Attorney Form).

*Pursuant to Fund Regulation section 2812, subdivision (g), a claimant must comply with the following:

> *"Within 30 days of receipt of reimbursement from the Fund a claimant must pay all reimbursed costs incurred by the claimant, but not yet paid. If a claimant has not paid such costs within 30 days, the claimant shall return the unpaid funds to the Board."*

Print Clear Form

Underground Storage Tank Cleanup Fund

PROOF OF PAYMENT CERTIFICATION FORM

A

Claim No.: _____ **Claimant Name:** _____

Mailing Address: _____

Claimant Phone: _____ **Claimant Fax:** _____ **Claimant E-mail:** _____

Site Address: _____

B

Reimbursement Request (RR) No.: _____

Invoice No.	Invoice Date	Invoice Amount	Amount Reimbursed by the Fund	Invoice Amount Paid	Date Invoice Paid

C

Claimant Certification – I certify to the following**:**

- I am the claimant for the above-mentioned claim, and I have personally examined and am familiar with the information submitted in this document;
- I have paid all of the above-listed invoices the full amount for which I was reimbursed by the Fund, or another person has paid the listed invoices on my behalf pursuant to an agreement approved by the Fund and I have paid that other person the full amount for which I was reimbursed by the Fund;
- In addition to the invoiced costs listed above, I have or someone on my behalf, pursuant to an agreement approved by the Fund, has paid all incurred costs for which I previously have sought and received reimbursement from the Fund;
- I acknowledge that the Fund may require additional proof of payment documentation for this claim at any time up to three years after disbursement of the final payment, or until any audit in progress is completed; and,
- I understand that any misrepresentation herein may lead to disqualification of this claim.

I, the undersigned, certify under penalty of perjury that these statements are true and correct.

_____ _____

Print Name and Title (Claimant) Signature and Date

_____ _____

Print Name and Title (Joint-claimant) Signature and Date

(Revised 7/27/2010)