



COUNTY OF SAN LUIS OBISPO CLAIM CERTIFICATION FOR COUNTY DEPARTMENTS

County Department: _____

Fiscal Year: _____ Claim Period: _____
(Date: from - to)

Department Contact: _____ Phone Number: _____

Total Amount Claimed: _____ Date: _____

The amount claimed is accurate, directly related to Nuclear Power Preparedness, and constitutes expenses that are qualified for reimbursement under the State of California Nuclear Power Preparedness Program.

I hereby certify that I am the duly qualified and the authorized official responsible for the examination and settlement of accounts.

Print Name

Title

Signature

Date

An itemized NPP budget representing the claim period above is submitted with this invoice.

Please provide your Department SAP account number(s), Internal Order(s), and if applicable, the amount of each split of reimbursement, if using more than one account or internal order:

Cost Ctr		Inter. Order		Funt. Area	PREPARED	G/L Acct	4200065	Amt:	
Cost Ctr		Inter. Order		Funt. Area	PREPARED	G/L Acct	4200065	Amt:	
Cost Ctr		Inter. Order		Funt. Area	PREPARED	G/L Acct	4200065	Amt:	

INTERNAL USE ONLY	
Approved by: _____	
Fiscal Year: _____	Posting date: _____