



COUNTY OF SAN LUIS OBISPO CLAIM CERTIFICATION FOR AGENCIES & SPECIAL DISTRICTS

Agency / Special District: _____

Fiscal Year: _____

Claim Period: _____
(Date: from - to)

Point of Contact: _____

Phone Number: _____

Mailing Address: _____

Email: _____

City, State, Zip: _____

Total Amount Claimed: _____

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.

INTERNAL USE ONLY	
Approved by: _____	
Fiscal Year: _____	Posting date: _____
IO #: _____	Functional Area: _____