



COUNTY OF SAN LUIS OBISPO NPP PROGRAM – NOTICE OF NO REIMBURSEMENT

Agency / Special District: _____

Fiscal Year: _____

Claim Period: _____
(Date: from - to)

Point of Contact: _____

Phone Number: _____

Email: _____

We are not requesting reimbursement for any NPP-related expenses during the above-mentioned claim period.

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

Print Name

Title

Signature

Date

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