



COUNTY OF SAN LUIS OBISPO NPP PROGRAM DSW REIMBURSEMENT CLAIM

County Department: _____ Fiscal Year: _____

Department Contact: _____ Phone Number: _____

Total Amount Claimed: _____ Date(s) of Service: _____

Purpose of Claim: Exercise Training Other: _____

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:	

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

All SAP Reports related to the claim above are submitted with this invoice.

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