State Water Resources Control Board Underground Storage Tank Cleanup Fund PROOF OF PAYMENT AFFIDAVIT FORM

Α	Claim No.: Claimant: Site Address:									
В	Provider Name: Provider Address: Provider Phone: Email:									
	Payment Detail Table									
	Payor Name*	Check No.	Check Date	Check Amt.	Invoice No.	Invoice Date	Invoice Amt.	Amt. Paid to Invoice	RR No.	
C1										
	* Payor Name: Enter th the check(s).	e name of the	individual or	entity that pai	d the provide	r exactly as th	e account ho	lder's name a	ppears on	
C2	Payment Detail Spreadsheet: Attach a spreadsheet with the claimant name, claim number, site address, and provider name in the header and the payment details with columns showing the payor name, check number, check date, check amount, invoice number, invoice date, invoice amount, amount paid to the invoice, and RR No. (if known). Attachment # of pages, including this page									
D	Provider Certification: I, the undersigned, certify under penalty of perjury that I/my organization received payment by means of the check(s) identified on the Payment Detail Table or Payment Detail Spreadsheet, in the amount stated for the specified invoices from the identified payor.									
	Print Name and Title Sig					Signature and Date				
	Claimant Certification: I, the undersigned, certify under penalty of perjury that I am the claimant for the above-mentioned claim and I have paid, or the payor identified has paid on my behalf pursuant to an on-behalf-of agreement previously provided and approved by the UST Cleanup Fund, by means of the check(s) identified on the Table or attached Payment Detail Spreadsheet, in the amount stated for the specified invoices.									
E	I acknowledge that the UST Cleanup Fund may require me to provide additional proof of payment verification at any time up to three years after disbursement of the final reimbursement for this claim.									
	Print Name and Title (Claimant) Signa					nature and Date				
	Print Name and Title (Joint-claimant)				Signature and Date					
	Print Name and Title (Co-payee)				Signature and Date					

PROOF OF PAYMENT AFFIDAVIT INSTRUCTIONS

Use the instructions below to complete the Proof of Payment Affidavit Form. This Form can be used by the <u>claimant</u> in lieu of providing alternative documentation as adequate proof of payment (i.e., copies of cancelled checks, etc.) to verify that their services/goods provider has been paid. All sections of the Form <u>must</u> be complete in order for the form to be accepted by the UST Cleanup Fund. Only one provider may be listed on each form.

<u>The Proof of Payment Affidavit Form</u> can be obtained from the UST Cleanup Fund's web site at: http://www.waterboards.ca.gov/water_issues/programs/ustcf/forms.shtml.

- **Section A (Claim Information) –** Enter the claim's information in this section. This information must match **exactly** the claim's information on the Reimbursement Request Form. Failure to include the correct information will result in the Form being denied.
- **Section B (Provider Information) –** Enter the provider's information in this section. Only **one** provider may be listed on each form.
- Section C1 (Payment Detail Table)— Enter the payor name, check number, check date, check amount, invoice number, invoice amount, amount paid to the invoice, and RR No (if known). The "Payor Name" is the account holder's name listed on the check. The "Amount Paid to Invoice" is the amount of the check being applied to the invoice listed. All invoices must be paid by or on behalf of the claimant pursuant to an on-behalf-of agreement previously submitted and approved by the UST Cleanup Fund.
- Section C2 (Payment Detail Spreadsheet) If the Payment Detail Table in section C1 is not sufficient to list each check, attach a spreadsheet with the claimant name, claim number, site address, and provider name in the header and the payment details with columns showing the payor name, check number, check date, check amount, invoice number, invoice date, invoice amount, amount paid to the invoice, and RR No (if known).
- **Section D (Provider 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 must have the authority to act on the Provider's behalf. **Sign using blue ink.**
- Section E (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 must be the claimant or have the authority to act on the claimant's behalf. Sign using
 blue ink.

*If you are signing section D or section E on behalf of another individual or on behalf of a corporation, limited liability company, partnership, trust, estate, municipality or other government entity, you must identify your title as it relates to the provider, claimant, joint claimant, or co-payee to show that you have the authority to sign on behalf of the that individual or entity. Signatures by any other individuals must be accompanied by documentation showing authority to sign. The UST Cleanup Fund reserves the right to require documentation showing authority to sign.