

PROOF OF PAYMENT AFFIDAVIT INSTRUCTIONS

Use the instructions below to complete the Proof of Payment Affidavit Form. This Form can be used by the **claimant** 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 **must** be complete in order for the form to be accepted by the UST Cleanup Fund. Only one provider may be listed on each form.

[The Proof of Payment Affidavit Form](http://www.waterboards.ca.gov/water_issues/programs/ustcf/forms.shtml) 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.