

**State Water Resources Control Board
Underground Storage Tank Cleanup Fund**

PROOF OF PAYMENT CERTIFICATION FORM

A	Claim No.: _____ Claimant Name: _____ Claimant Phone: _____ Claimant E-mail: _____ Site Address: _____																																																						
B1	<p style="text-align: center;">Payment Detail Table</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 15%;">Payor Name*</th> <th style="width: 10%;">Check No.</th> <th style="width: 10%;">Check Date</th> <th style="width: 10%;">Check Amt.</th> <th style="width: 10%;">Invoice No.</th> <th style="width: 10%;">Invoice Date</th> <th style="width: 10%;">Invoice Amt.</th> <th style="width: 10%;">Amt. Paid to Invoice</th> <th style="width: 10%;">RR No.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>* Payor Name: Enter the name of the individual or entity that paid the provider exactly as the account holder's name appears on the check(s).</p>	Payor Name*	Check No.	Check Date	Check Amt.	Invoice No.	Invoice Date	Invoice Amt.	Amt. Paid to Invoice	RR No.																																													
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B2	<p>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).</p> <p>Attachment ___ # of pages, including this page</p>																																																						
C	<p>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.</p> <p>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.</p> <table style="width: 100%; margin-top: 20px;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Print Name and Title (Claimant)</td> <td style="width: 50%; border-bottom: 1px solid black;">Signature and Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Print Name and Title (Joint-claimant)</td> <td style="border-bottom: 1px solid black;">Signature and Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Print Name and Title (Co-payee)</td> <td style="border-bottom: 1px solid black;">Signature and Date</td> </tr> </table>	Print Name and Title (Claimant)	Signature and Date	Print Name and Title (Joint-claimant)	Signature and Date	Print Name and Title (Co-payee)	Signature and Date																																																
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PROOF OF PAYMENT CERTIFICATION INSTRUCTIONS

Use the instructions below to complete the Proof of Payment Certification 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(s) have been paid. All sections of the form **must** be complete in order for the form to be accepted by the Fund.

[The Proof of Payment Certification Form](http://www.waterboards.ca.gov/water_issues/programs/ustcf/forms.shtml) can be obtained from the Fund's web site at: http://www.waterboards.ca.gov/water_issues/programs/ustcf/forms.shtml.

(NOTE: This form is the Fund's preferred method of proof of payment documentation.)

- **Section A (Claim Information)** – Enter the claim's information in this section. This information should match **exactly** the claim's information on the Reimbursement Request Form. Failure to include the correct information will result in the form being rejected.
- **Section B1 (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 B2 (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 C (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 should be the claimant or have the authority to act on the claimant's behalf (as acknowledged in an on-behalf-of agreement with the Fund). **Only original signatures will be accepted. Sign using blue ink.**