

**CONTRACTOR PAYMENT REQUEST CERTIFICATION**  
**To be submitted with EACH payment request for ALL programs**

Project Number: \_\_\_\_\_

Contractor: \_\_\_\_\_

Project Name: \_\_\_\_\_

Contract Number: \_\_\_\_\_

Enclosed is the material for processing payment #\_\_\_\_\_ for the above project covering total expenditures of \$\_\_\_\_\_.

This request certifies that all the required payment documentation, as required under the terms of the above referenced contract, is on file and will be available for inspection upon request for a period of six years from the date of the STATE's final disbursement of funds under this Agreement, and that the figures are true and correct and (a) do not duplicate any items previously submitted for reimbursement, and (b) that the payment request by State Aid Voucher (AC1171) dated \_\_\_\_\_ does not duplicate a request for payment, or any payment received, from any source, for goods and services under this agreement. It is further certified that all items listed are eligible costs, and that the expenditures comply with the terms and conditions of the contract.

Name of Certifying Officer

\_\_\_\_\_  
Typed / Printed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date