ADEQ Arizona Department of Environmental Quality
1110 W. Washington Street
Phoenix, AZ 85007

Reserved for ADEQ Accounts Payable

Request for Reimbursement

Invoice Amount:	
Invoice Date:	
Invoice Number:	
Agreement Number:	
Subrecipient Name:	
Subrecipient Vendor ID:	
Federal Program:	Nonpoint Source Management Program
Federal Grant ID:	

UEI Number:

Federal Fiscal Year:	
State Fiscal Year:	

Description of Services Rendered:

Subrecipient Certification

I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812. I certify that this request for reimbursement and supporting documentation has been examined by me and the reported expenditures are valid, reasonable, and allowable, based on our official accounting records and are consistent with the terms of the Subaward Agreement. All copies of receipts, performance reports, and other applicable accounting documents are included with this request.

Requestor Printed Name	Requestor Signature	Date Signed

ADEQ Approval and Certification

I certify that this request for reimbursement and supporting documentation has been examined by me, and to the best of my knowledge and belief, the reported expenditures are valid, reasonable, and allowable and are consistent with the terms of the Subaward Agreement. All copies of receipts, performance reports, and other applicable accounting documents have been reviewed. Performance is satisfactory for payment.

ADEQ Comments:

ADEQ Program Approver Printed Name	ADEQ Program Approver Signature/Date	Date Signed