**Section 630.APPENDIX B Illinois Department of Public Health Reimbursement Certification Form**

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| ILLINOIS DEPARTMENT OF PUBLIC HEALTHREIMBURSEMENT CERTIFICATION FORM |
|  | page | of |
| AGENCY NAME: | PROGRAM: |
| ADDRESS: | CONTRACT #: |
| FEIN NUMBER: | BILLING PERIOD: |
| DATE SUMITTED: |
|  |  |
| NAME/ VENDOR | TITLE/ PUR- POSE | PERIOD /DATE INCURRED | VOUCHER /CHECK # | GROSS AMOUNT | AMOUNT CLAIMED FROM IDPH | Agency Match/ WIC Admin | Nutrition Education |
|  |
| CERTIFICATION: | TOTAL |
| I hereby certify that the goods and/or services claimed above are necessary expenditures for the program and are a part of the approved budget, that appropriate purchasing procedures have been followed and that payment has not previously been requested or received. |  |
|  |  |
| Authorized Agency Official |

(Source: Added at 14 Ill. Reg. 11219, effective July 1, 1990)