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

|  |  |  |  |  |  |  |  |  |  |  |
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| ILLINOIS DEPARTMENT OF PUBLIC HEALTH  REIMBURSEMENT 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)