

NONPUBLIC AGING SCHOOLS PROGRAM SAFETY IMPROVEMENTS (NPSI)
FISCAL YEAR 2019

CONTRACTOR'S CERTIFICATION OF RECEIPT OF PAYMENT (OPTIONAL)

School may submit an original of this form with the Request for Reimbursement to Nonpublic Schools Form ONLY if canceled check(s) or other documentation of payment is not available.

NAME OF SCHOOL: _____ SCHOOL TAX ID: _____

PROJECT: _____ MSDE SCHOOL: 09 - _____

I hereby certify that payment in the amount of \$ _____, check number _____ dated _____, has been received from _____ and deposited to _____ (bank) on _____ (date) for capital improvements made to _____ (name of school/project).

Name of Contractor Firm

Authorized Signature

Date

NOTARIZATION

County _____, to wit:

I hereby certify that on this _____ day of _____ in the year of _____ before me, a Notary Public for said County, personally appeared _____ (name), and made oath in due form of law that he/she is _____ (title) of _____ (name of firm), and on behalf of said firm stated that the matters and facts set forth in the foregoing verification are true to the best of his/her knowledge, information and belief. He/she acknowledged that he/she executed the same purposes herein contained and that they had full authority to execute same.

As witness my hand and official seal:

NOTARY PUBLIC