

# STATE PROGRAM CERTIFICATION

I \_\_\_\_\_, \_\_\_\_\_ of  
Supervisory Official (Print or Type) Title (Print or Type)

\_\_\_\_\_ certify that \_\_\_\_\_  
Agency (Print or Type) Employee (Print or Type)

Worked **solely** on the \_\_\_\_\_ State Program  
for the time period of \_\_\_\_\_ through \_\_\_\_\_.

This is the same time period that we are requesting reimbursement for.

I have first hand knowledge of the work performed by the above mentioned employee.

Name (Print or Type) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_