

**Approval to Pay/Certification
Sub-Recipient Monitoring**

INFORMATION FOR ACCOUNTING: Vendor Number: _____

Account Code PO# F Tx Invoice Date Invoice Number Amount

CERTIFICATION: I, the undersigned, do hereby certify under penalty of perjury, that I have personally verified that: the materials and/or services described on this document have been furnished or rendered to Northwest ESD 189 and that the claim for payment of such is just, due, and an unpaid obligation against Northwest ESD 189; and, I have monitored/reviewed the documentation that has been received in support of this reimbursement claim for federal monies and based on this monitoring/review, I have determined that the herein claimed expenditures by the sub-recipient are appropriate for reimbursement.

Date:_____ Signature_____ Department_____