



**City of Chicago  
Delegate Agency  
Invoice Certification Form**

<b>Organization Name</b>		<b>Address</b>	<b>FEIN</b>
<b>PO/Release Number</b>	<b>Invoice Number</b>	<b>Period Covered</b>	<b>Invoice Amount</b>

The undersigned certifies that:

- (1) he or she is an authorized signatory for the applicant;
- (2) the signatory has read the guidelines of the City of Chicago incorporated herein by reference;
- (3) this reimbursement claim represents payment due for services performed and/or costs incurred and paid directly by the applicant during the period covered by this requisition;
- (4) the signatory has not previously requested or received reimbursement for the expenditures included in this requisition;
- (5) the original documentation supporting the expenditures included in this requisition is on file and available for audit or review upon request;
- (6) to the best of the signatory's knowledge and belief that the expenditure is true, accurate, and is for the purpose and objective set forth in the terms and conditions of the award;
- (7) this payment is permitted by law, the appropriation amounts are available at the time and are used for intended purposes, the goods and/or services have been received and conform to the requirements of the order or agreement, the required administrative approvals have been obtained, and the quantities, prices, and calculations are accurate; and
- (8) the signatory is aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject signatory to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729–3730 and 3801–3812).

This applicant releases the City of Chicago, its employees and agents, with respect to damages to property or materials submitted in connection herewith.

<b>Name of Signatory</b>	<b>Title of Signatory</b>

<b>Signatory Signature</b>	<b>Date</b>