

_____ (County Name)

COUNTY CERTIFICATION
Substance Use Disorder Cost Report
Year-End Claim for Reimbursement
Fiscal Year 2015-2016

***PART I: I HEREBY CERTIFY** under penalty of perjury that I am the official responsible for the administration of Department of Health Care Services in and for said claimant; that I have not violated any of the provisions of Section 1090 through 1096 of the California Government Code; that the amount for which reimbursement is claimed herein is in accordance with Division 10.5, Part 2, Chapter 4 and Chapter 13 of the California Health and Safety Code; and that to the best of my knowledge and belief this claim is in all respects true, correct, and in accordance with law.*

DATE: _____ SIGNATURE: _____
County Alcohol and Drug Program Administrator

EXECUTED AT _____, CALIFORNIA

***PART II: I CERTIFY** under penalty of perjury, that I am the duly qualified and authorized official of the herein claimant responsible for the examination and settlement of accounts.*

DATE: _____ SIGNATURE: _____
TITLE: _____
County Auditor-Controller, City Finance Officer, etc.

EXECUTED AT _____, CALIFORNIA