

NONPUBLIC AGING SCHOOLS PROGRAM (NASP)  
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