

# CONTRACTOR'S CERTIFICATION OF RECEIPT OF PAYMENT

(OPTIONAL)

MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE)  
INTERAGENCY COMMISSION ON SCHOOL CONSTRUCTION (IAC)

**FISCAL YEAR 2025**

Senator James E. "Ed" DeGrange  
NONPUBLIC AGING SCHOOLS PROGRAM (NASP)

*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