

COMMUNITY RESOURCES MANAGEMENT-CLARK COUNTY

FY-2020 Reimbursement Guidelines Training

Letter of Attestation

I, \_\_\_\_\_ certify that I attended or viewed the FY-2020 Reimbursement Guidelines Training on \_\_\_\_\_. My signature below is a confirmation that I also understand the material presented and will comply with the direction provided by the Reimbursement Guidelines Training and thus will be evidenced by my invoice submissions. I also certify that I understand that it is my responsibility to provide a copy of this signed Attestation to my assigned Grants Coordinator before grant reimbursement invoicing is submitted for my agency.

\_\_\_\_\_

Signature

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Agency Name

\_\_\_\_\_

Date