



SUBRECIPIENT INVOICE CERTIFICATION STATEMENT

SUBRECIPIENT NAME: _____

SUBAWARD NUMBER: _____

INVOICE NUMBER: _____ **INVOICE DATE:** _____

FOR SUBRECIPIENT SIGNATURE:

By signing below, I certify to the best of my knowledge and belief that the invoice attached is true, complete, and accurate, and the [expenditures](#) for which reimbursement is being sought are for the purposes and objectives set forth in the terms and conditions of the Federal award and follow all rules and regulations as outlined in the 2 CFR 200 and both the SC State Procurement and Disbursements rules and regulations. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me 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)."

(Subrecipient Authorizing Signature & Title)

(Print Name)

(Date)

FOR DPH PROGRAM AREA SIGNATURE:

By signing below, I certify that the attached invoice and documentation have been reviewed and are true, complete, and accurate, and the expenditures for which reimbursement is being sought are for the purposes and objectives set forth in the terms and conditions of the Federal award and follow all rules and regulations as outlined in the 2 CFR 200 and both the SC State Procurement and Disbursements rules and regulations.

(DPH Program Area Authorizing Signature & Title)

(Print Name)

(Date)

Revision Date: 07/01/2024