**WIC PROGRAM**

**ELECTRONIC EXPENDITURE REPORT CERTIFICATION**

|  |  |  |
| --- | --- | --- |
| I certify that | Agency Name: | |
|  |  |  |
|  | Agency Number: | Agency Type: |

has adequate internal controls in place to ensure the following:

1. Access to the agency/tribal records and equipment is limited to prevent the unauthorized submittal of expenditure information.
2. Expenditures, refunds, and adjustments reported via electronic mail in lieu of paper expenditure reports are just, true and correct in the amount stated.
3. Monthly claims for reimbursement have not been previously reimbursed.
4. Costs reported represent actual, allowable and necessary costs of administering the provisions of the WIC Program.
5. The final expenditure report for the contract period will be mailed and will contain the final expenditures for the contract period and the original signature of the authorized agency financial representative.

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SIGNATURE – Agency Financial Representative Date

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Full Name |  | Title |
|  |  |  |
| Street Address or PO Box |  | City, State, Zip Code |

Submit to: Division of Public Health

WIC Program Fiscal Specialist

PO Box 2659

Madison WI 53701-2659