



**American Reinvestment and Recovery Act  
State Fiscal Stabilization Fund  
Institution of Higher Education Certification**



Date:

Arkansas Department of Higher Education  
Ashley Pettingill, Coordinator of Institutional Finance  
114 East Capitol Avenue  
Little Rock, Arkansas 72201  
Phone: (501) 371-2025

Check One:                      Education Stabilization                      Government Services

Vendor #:

WBS Element:

Amount to be reimbursed:

**These expenses should correspond to the invoices submitted for the project and should not be submitted for General Revenue reimbursement.**

The \_\_\_\_\_ is submitting invoices and/or other supporting documentation to support our request for reimbursement from the American Reinvestment and Recovery Act program entitled State Fiscal Stabilization Fund. I certify that this documentation represents actual obligations incurred and expenditures made for goods and/or services necessary for implementing the specific project(s) approved by the Governor's Office in compliance with the Guidance on the State Fiscal Stabilization Fund Program by the U.S. Department of Education dated April 2009 and the assurances listed in the subgrant agreement. I certify that the expenses entered into the Certification Workbook have been categorized accurately.

\_\_\_\_\_  
Internal Auditor (if applicable)

\_\_\_\_\_  
Chief Financial Officer

\_\_\_\_\_  
President/Chancellor