

**NEW YORK PUBLIC GOODS POOL
FOR THE MONTH/YEAR _____, _____**

CONFIRMATION NUMBER _____

Payor Name: _____ **Payor Fed. Tax ID #:** _____

TPA Name: _____ **TPA Fed. Tax ID #:** _____

Completed By: _____ **Title:** _____

Telephone: _____ **Payment Type:** _____

Enter the name(s) and title(s) of the person(s) certifying to the accuracy and correctness of the electronic report(s) submitted under the confirmation number entered above. Persons authorized to sign this certification would be any person empowered to legally bind the above named organization to such commitments.

CERTIFICATION

THIS CERTIFIES THAT THE DATA BEING PROVIDED ELECTRONICALLY UNDER THE CONFIRMATION NUMBER ENTERED ABOVE HAS BEEN CAREFULLY PREPARED IN ACCORDANCE WITH THE REPORT COMPLETION INSTRUCTIONS AND MAY TO SOME EXTENT BE BASED UPON INFORMATION SUBMITTED AND ATTESTED TO BY THE ORGANIZATIONS FOR WHICH THE REPORT IS BEING SUBMITTED. TO THE BEST OF MY KNOWLEDGE, SUCH INFORMATION ACCURATELY REFLECTS EITHER SUCH SUBMITTED INFORMATION, OR IS ACCURATE AND CORRECT BASED ON THE BOOKS AND RECORDS WITHIN THIS ORGANIZATION.

SIGNATURE: _____ **DATE:** _____

TYPE/PRINT NAME: _____ **TITLE:** _____

COMPANY NAME: _____ **TELEPHONE:** _____

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