



CERTIFICATE

Agency Name _____

This is to certify that the information contained in the agency Legislative Appropriations Request filed with the Legislative Budget Board (LBB) and the Governor's Office of Budget, Planning and Policy (GOBPP) is accurate to the best of my knowledge and that the electronic submission to the LBB via the Automated Budget and Evaluation System of Texas (ABEST) and the bound paper copies are identical.

Additionally, should it become likely at any time that unexpended balances will accrue for any account, the LBB and the GOBPP will be notified in writing in accordance with Article IX, Section 7.01 (2008-09 GAA).

Chief Executive Office or Presiding Judge

Board or Commission Chair

Signature

Signature

Printed Name

Printed Name

Title

Title

Date

Date

Chief Financial Officer

Signature

Printed Name

Title

Date