

**SAMPLE MONTHLY FINANCIAL RECONCILIATION CERTIFICATION**

**Department Name:** \_\_\_\_\_ **Accounting Period:** \_\_\_\_\_

List all Dept IDs and Fund Codes to certify they have been reconciled. For larger units, you may just include the first 4-digits of the Dept ID (or include the list as a separate attachment). If any departments have not been completed, please list the Dept ID/Fund under the comments section and include a justification. You can provide comments next to a particular Dept ID/Fund or use the additional comment section. Please submit any support documentation.

Dept ID	Fund Code	Comments/Justification

**Additional Comments:**

**By this submittal, I am certifying the following:**

- Delivered Monthly Financial Reports, Final Paylists and P-card Aging Reports have been reviewed/verified for accuracy.
- For any errors that have been detected, corrections have been made and/or requested and are pending adjustments.
- Monthly Financial Reports have been reconciled to source documents and the amounts appear to be reasonable and properly recorded.
- I am aware of the requirements to report all suspected fraud to my supervisor, Audit, UF Police Department or the Vice President’s Office to ensure it is appropriately addressed.

**Reconciled By:** \_\_\_\_\_

Name

\_\_\_\_\_

Title

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Certified By:** \_\_\_\_\_

Name

\_\_\_\_\_

Title

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Reviewed By:** \_\_\_\_\_

Name

\_\_\_\_\_

Title

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Reviewed By:** \_\_\_\_\_

Name

\_\_\_\_\_

Title

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**DUE: 1<sup>ST</sup> OF THE FOLLOWING MONTH AFTER MONTHLY REPORTS AVAILABLE (i.e. certification for July due Sept 1)**