



**BUDGET
ADMINISTRATION
& OPERATIONS**

1600 Holloway Avenue
San Francisco, CA 94132

Main (415) 338-1463
Fax (415) 338-7186
Website budget.sfsu.edu
Email budget@sfsu.edu

CERTIFICATION OF FINANCIAL ACTIONS

Fiscal Year _____

Date: _____

Period (check one)

Winter Review _____ Spring Review _____

Division/Cabinet: _____

Fiscal Officer: _____

(Print Name)

Please list any Division/Self Support/Trust Fund in your Cabinet that you anticipate will experience a fiscal year Revised Projection material variance compared to your fiscal year Revised Budget. (Attach separate sheet if necessary).

Division/Self Support/Trust Fund	FY Revenue Variance Under 10%	FY Expense Variance Over 10%
<i>Ex: Division 1</i>		<i>Salaries = 18% or \$86,000</i>

Describe in a separate document the nature of the financial changes and assess the impact that the changes will have on your Cabinet's/Division's/Self Support's/Trust Fund's planned year-end financial position by including the following:

- (i) the reason for the occurrence
- (ii) the actions taken by your Cabinet to resolve this particular occurrence
- (iii) the actions taken by your Cabinet to prevent events such as this from occurring again
- (iv) Explanation of material variances (Defined as Revenues: under 10%, Expenses: over spending by 10% when comparing fiscal year Revised Projection to fiscal year Revised Budget)



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CERTIFICATION

Each Cabinet's/Division's fiscal officer is required to complete and sign the following certification form.

I certify the above information provided in Financial Review Report(s) and Position Management Report(s) for the

Winter Review _____ Spring Review _____

FY _____ is correct as of the date indicated below, and that

[Division/Cabinet]

has informed the University Budget Office, at least at the campus financial review, of any significant actuals or projected variances from annual revenues or expenditures that were approved in the annual budget.

Name: _____

Title: _____

Signature: _____ Date: _____

Name: _____

Title: _____

Signature: _____ Date: _____