**CERTIFICATION OF FINANCIAL ACTIONS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Fiscal Year:  |  |  | Date:  |  |

Period:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Fall Review |  |  | Winter Review |  |  | Spring Review |  |
| *(check one)* |

|  |  |
| --- | --- |
| 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 sheets if necessary).

|  |  |  |
| --- | --- | --- |
| **Division/Self Support/Trust Fund** | **FY Revenue Variance Under 5% and $5,000 less**  | **FY Expense Variance Over 5% and $5,000 more** |
| *Ex: Division 1* |  | *18% over and $68,000 more in Salaries – See attached for explanation* |
| *Ex: Division 2* | *6% Under and $18,000 less in Revenue –See attached for explanation* |  |
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**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**:

1. the reason for the occurrence
2. the actions taken by your Cabinet to resolve this particular occurrence
3. the actions taken by your Cabinet to prevent events such as this from occurring again
4. Explanation of material variances (Defined as Revenues: under 5% and %5,000 less, Expenses: overspending by 5% and more than $5,000 when comparing fiscal year Revised Projection to fiscal year Revised Budget)

**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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Fall Review |  |  | Winter Review |  |  | Spring Review |  |
| *(check one)* |

|  |  |  |
| --- | --- | --- |
| 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.

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| Name:  |  |  |  |  |
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| Title:  |  |  |  |  |
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|  |  |  |  |  |
| Signature:  |  |  | Date:  |  |
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| Name:  |  |  |  |  |
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| Title:  |  |  |  |  |
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|  |  |  |  |  |
| Signature:  |  |  | Date:  |  |