COMMONWEALTH OF VIRGINIA
Department of Accounts
General Accounting

Confirmation of Agency Reconciliation to DOA Reports

Agency No. _____ Agency Name: #N/A

To the Comptroller:

Our Agency's management accepts responsibility for the integrity and objectivity of the financial transactions provided to the State Comptroller. We believe the data provided is accurate. The basis for these conclusions relates to our assessment of the internal controls operating within the Agency. The establishment of such internal controls requires estimates and judgements from management so that, in attaining reasonable assurance as to the adequacy of such controls, the cost of controls should not exceed the benefits obtained. I believe the Agency's internal controls adequately safeguard its assets and provide reasonable assurance as to the proper recording of financial transactions.

I certify that, for the agency listed above, the accounting records represented in CARS, the official record of the Commonwealth, are accurate.

Our agency accounting records for the year ended June 30, 2010, have been verified and reconciled to CARS, and, when any submitted ATV's have posted to CARS, and/or items shown on the Exception Register (if any) are processed within the timeliness outlined in CAPP Topic No. 20905, our internal records will be in agreement with those reported in CARS for each of the following:

All cash balances (by fund/fund detail)
All appropriations (by fund/fund detail, program)
All allotments (by fund/fund detail, program)
Total expenditures (by fund/fund detail, program, object)
Net revenues (by fund/fund detail, revenue source)
Fixed assets (by fund/fund detail/GLA)

PLEASE INDICATE IF THERE ARE ITEMS NOTED ON THE EXCEPTION REGISTER.

Signature: _____

Printed Name: _____

Title: _____
Agency Head or Designee

Date: _____

Signature: _____

Printed Name: _____

Title: _____
Fiscal Officer

Date: _____

Fiscal Officer's Telephone No: _____

Exception Register

Agency Code:	0
Agency Name:	#N/A
Contact Name:	
Contact Title:	
Contact Phone Number:	
Contact E-mail Address:	

(1) The following entries appeared on the ACTR 0401 Report, but did not belong to our agency.

Transaction ID				Amount	ACTR0401 Date	ACTR 0401 Page
Batch Agency	Batch Date	Batch Type	Batch No.			

Total $0.00

We have attached a copy of the ACTR 0401 on which this entry appears. **(A copy of the ACTR0401 Report is required for DOA to take corrective action.)**

(2) The following entries were submitted but have not appeared on our ACTR0401 Report.

Transaction ID				Voucher Number(s) missing (type "all" if entire batch)	DC Number (if applicable)	Voucher or DC Amounts
Batch Agency	Batch Date	Batch Type	Batch No.			

Total $0.00

We have attached a copy of this batch header and the missing voucher(s) or DC(s). **(These copies are required for DOA to take corrective action.)**

NOTE: If you are the credit agency on an IAT, contact the charge agency to obtain the transaction ID.

(3) Any request for correction not applicable to the first two categories listed above must be in writing and accompanied by **ALL** supporting documentation necessary for an adjustment. This request must be attached to this Exception Register.

NOTE: Please reference all attachments to the problems listed above.

Delegation of Signatory Authority Form

Attachment B
Statement B.1

Agency Code: 0
Agency Name: #N/A

Agency Head

I delegate my signatory authority for the Confirmation Form to _____
(Name)

_____
(Title)

Reminder: Agency Head **may not** delegate his/her signatory authority to the Fiscal Officer.

Signed: _____
Agency Head

Printed Name: _____ Date: _____

Fiscal Officer

I delegate my signatory authority for the Confirmation Form to _____
(Name)

_____
(Title)

Reminder: If the Fiscal Officer delegates his/her authority to a lower ranking official, please provide the explanation of the delegation below.

Signed: _____
Fiscal Officer

Printed Name: _____ Date: _____

Approved by: _____
Agency Head's Signature

Printed Name: _____ Date: _____

Reason for delegating authority to a lower ranking official, if applicable:

Note: Attach this form to Attachment B, Page 1, if applicable.