

**Instructions for Bond Fund Cash Verification  
Attachment L**

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**Purpose** To certify to DOA and the Department of the Treasury that the cash balances for all reimbursable bond funds have been reconciled per the agency’s internal records to the balances in Cardinal and that reimbursement requisitions are being submitted timely.

**Applicable Agencies** Agencies that have cash balances (negative or positive) in funds 08110, 08111, 08130, 08131, 08150, 08170, 08171, 08200, or 08201 in Cardinal displayed on the June 30, 2017, Cardinal Trial Balance are required to complete and submit this attachment.

**Due Date** Must be **RECEIVED** at the Department of the Treasury by 5:00 p.m. on **Tuesday, August 29, 2017.**

**Form Instructions** Be sure to complete the agency code and contact information on Part A of the workbook **and** all applicable shaded areas on all worksheets. Please note that each attachment page is on an individual worksheet within the workbook. Using the “Tab” key will allow easy navigation between all required fields.

**Procedures** The review must ensure that all bond fund cash balances represent legitimate draws against bond funds and that any needed reimbursement requests are scheduled to be submitted in a timely manner.

**Part A:** Certify the applicable cash balance to the Cardinal final close balance by Cardinal fund. After inputting cash balances per Cardinal, complete Part B of the attachment. Then return to Part A and verify that the Difference column reflects zero for each fund. Resolve any differences before submission.

**Part B:** List each transaction making up the cash balance of each Cardinal fund by Cardinal Journal ID. The description of each item must include the Cardinal fund (Cardinal funds must be used in order for Part B to link to Part A), the project number, the amount, a brief description, and the anticipated requisition submission date. Transactions for each project may be summarized by Cardinal Journal ID. Any amounts listed on Part B should be identifiable on future reimbursement requests.

If additional entries are required, please insert rows to the spreadsheet. To do this, go to the cell where the row will be inserted, then, on the menu bar, click **Home**, then, click **Insert**, then, click **Rows**.

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**Submission Requirements**      **After downloading the files, rename the spreadsheet using the agency number followed by Att L.** For example, agency 997 should rename the Attachment L.xlsx as 997AttL.xlsx.

In the prepared by and approved by fields, complete the appropriate blanks for the name, title and date. This certifies that the information contained in the attachment is accurate and correct to the best of the knowledge of the signatories. The Fiscal Officer must review and approve the information contained in the attachment prior to submitting it to the Department of the Treasury.

Submit the workbook **electronically** to [\*\*OPRRISK@trs.virginia.gov\*\*](mailto:OPRRISK@trs.virginia.gov)

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