****

**Budget Review Certification Form**

I certify that I have reviewed the information provided by the Budget Office for the:

Final Budget of Fiscal year \_\_\_\_\_\_\_.

Based on my review of the information, I confirm that:

1. Positions have been accurately budgeted. \_\_\_\_
2. Revenues have been accurately budgeted. \_\_\_\_
3. Expenditures have been accurately budgeted. \_\_\_\_
4. Transfers have been accurately budgeted. \_\_\_\_
5. Expenditures will not exceed available resources by the end of FY \_\_\_\_. If a deficit is anticipated a plan will be communicated to the budget office as soon as identified as part of the monthly review process. The plan will immediate be put into place to cover the overage.
6. My area has a recharge and I reached out to megan.cunningham@nau.edu and kevin.johnson@nau.edu to ensure proper protocols are being followed. \_\_\_\_

**Cabinet**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Department**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VP/Dean Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VP/Dean Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fiscal Oversight Representative Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fiscal Oversight Representative Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_