

**Section 1: Designee Information**

Dept / Divisional Letterhead:

Effective Date:

Ledger Review Designee Name:

Position Title:

I am hereby authorizing you to review general transaction for organization codes , , and  and to certify the ledger review on my behalf.

- In performing the monthly review of ledger transactions, I expect you to assume responsibility for the following:
1. Timely general ledger review and certification, which includes maintaining a record of your reviews for audit purposes.
  2. Complying with any specific divisional or departmental ledger review requirements.
  3. In the context of other controls in place in a financial process, providing reasonable assurance that each transaction reviewed complies with campus transaction control standards.
  4. Bringing to the attention of me or other appropriate parties unresolved issues arising from the review.

- In assigning this responsibility to you, I acknowledge the following:
1. You possess the skills and knowledge to proficiently perform this responsibility
  2. I am giving you the authority to certify the ledger review on my behalf.
  3. I will provide you with the support necessary to successfully fulfill the responsibility.
  4. I retain ultimate accountability for providing reasonable assurance that the transactions appearing in the general ledger comply with campus transaction control standards.

This assignment is to remain in effect until it is replaced by a revised assignment letter, upon either one of us assuming a different job position that changes the nature of our working relationship, or upon either one of us terminating University employment. Please retain this original copy in your permanent records for audit and reference purposes.

**Section 2: Information (This section is OPTIONAL)**

- In addition to complying with all specific divisional and department ledger review requirements, I expect you to be particularly attentive to reviewing ledger transactions for compliance with the following attributes:
1. Appropriateness
  2. Validity
  3. Reasonableness
  4. Sufficient funding
  5. Accurate recording
  6. Adequate supporting documentation
  7. Timely recording

**Section 3: Authorization**

Requestor / Payee Signature	Print Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Requestor / Payee Signature Title		
<input type="text"/>		

**Section 4: Submit Information**

cc: Ledger Review Coordinator, Accounting Office