UNIVERSITY OF TEXAS ARLINGTON

Accounting Services

Form 2-12
04/24/2020

Cost Center and Project Statements Reconciliation & Acknowledgement

Month: _____

Cost Center/Project Number	Cost Center/Project Name	Cost Center/Project Number	Cost Center/Project Name

Comments: _____

X_____	Date	X_____	Date
[To be signed by Head of Unit]		*[To be signed by Reconciling Agent of Unit]*	

By this submittal, to the best of knowledge, I am certifying the following:

- The salary, wages, expenditures, and other transactions posted to funds as detailed for all Cost Centers are accurate, allowable and appropriate.
- All posted revenue has been reconciled to source documents and the amounts appear to be reasonable and properly recorded.
- For any errors that have been detected, corrections have been made and/or requested and are pending adjustments.
- I am aware of the requirement to report all suspected fraud to my supervisor, Audit, Campus Police, or the institution Hotline to ensure it is appropriately addressed.

MODIFICATION TO THIS FORM IS STRICTLY PROHIBITED.

You may be entitled to know what information UT Arlington collects concerning you. You may review and have UT Arlington correct this information according to procedures set forth in UT System Administration UTS139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.