



REQUEST FOR PROGRAM OR FINANCIAL CERTIFICATION

Send to the Chief of the General Accounting Division
OFFICE OF THE AUDITOR-CONTROLLER

SPM FORM
ADM - 6
(POLICY #108)

Note: This form should be used as the cover page to a certification submitted for the Auditor-Controller's signature. Per Policy 108, the preparer's immediate supervisor must verify the accuracy of the information provided and must use this form to attest to that fact.

By signing below, I certify that I am the immediate supervisor of the preparer of the attached certification and the related documentation; that I have personally reviewed the same for accuracy; that the information provided is correct; and that documentation is attached to support each figure reported on the certification.

Signed _____ Date _____

Printed name _____ Title _____

Department/Agency name _____ Phone _____

Questions related to this certification should be directed to:

Printed name _____ Phone _____

Please submit **two** copies of the certificate you are providing for the Auditor-Controller's signature (one review copy and one for signature). Cross reference each figure on the review copy of the certification with the supporting documentation.

Acceptable supporting documentation must include reports or queries generated from the County financial system and, possibly, reconciliations of certification figures to financial system data.

To Be Completed By the Auditor-Controller's Office

The attached certification has been accepted for the Auditor-Controller's signature.

Reviewer's signature _____ Date _____

Reviewer's name _____ Micro _____