

University of Houston-Clear Lake Cost Center Verification Log

I verified transactions for the following cost centers.

Description of Cost Centers Verified (Complete One):

All active cost centers for Dept ID _____

All active cost centers for Cost Center Manager _____

Other: _____

Accounting Period Verified: Fiscal Year: _____ Month: _____

Name of Verifier: _____ Title: _____

Date Verification Completed: _____

Verifier Signature: _____

Are any corrections/adjustments needed to the cost centers verified? Y _____ N _____

For each correction or adjustment needed, note the following below: (1) cost center, (2) worksheet tab name where the entry is listed, and (3) brief description of correction/adjustment needed.

I reviewed the above cost center verifications.

C/DBA Signature: _____ Date Review Completed: _____

Cost Center Manager/Designee Signature: _____

Name/Title _____ Date Review Completed: _____

Note: Reviews of cost center verifications must be completed no later than 60 days after the close of the accounting period being verified.

Reviewer Comments (Optional):