## Monthly Sponsored Account Budget Reconciliation Checklist (Optional)

**MONTH BEING RECONCILED**: MM/YYYY ____________

**PI NAME**: ____________________  **ACCOUNT #**: ____________

**TYPE OF ACCOUNT**:
- [ ] SPONSORED
- [ ] SUBAWARD
- [ ] COST SHARING
- [ ] PROGRAM INCOME

**SPONSOR**: ____________________  **PERIOD OF PERFORMANCE**: ____________

**PROJECT TITLE**: ____________

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<tr>
<th>AWARD DIRECT COST BUDGET</th>
<th>TOTAL DIRECT COST EXPENDITURES</th>
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<tr>
<th>TOTAL PAYROLL EXPENDITURES</th>
<th>TOTAL DIRECT COSTS ENCUMBERED</th>
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<tr>
<th>TOTAL DIRECT COSTS STILL AVAILABLE</th>
<th>F&amp;A RATE</th>
<th>F&amp;A BASE</th>
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<th>TOTAL THIS MONTH (EXCLUDE ENCUMBRANCES &amp; INCLUDE F&amp;A)</th>
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**PCARD OWNER**: _________________________________

### Steps:

- [ ] All Expenses incurred to the project have been incurred within the period of performance.

**Verify payroll expenses have been verified**: Charges accurately reflect the Individuals who worked on the project

- [ ] Time paid is commensurate with time spent working on the project

**Non payroll expenses have verified**

- [ ] All costs meet the requirements of 2 CFR 200 (Uniform Guidance), Sponsor’s Guidelines, and ASU Policy specifically,
  - The costs are allowable, allocable and reasonable
  - CAS exceptions have been properly documented
  - ERE and F&A charges are accurate

**Other related reviews, if applicable**

- [ ] Cost sharing commitments have been verified and documented
  - Effort Reports for Salary
  - Companion accounts reconciled
  - Written certifications from third parties

- [ ] Program income account has been reconciled

**Special notes (e.g., unallowable expenses found, overages etc....):**

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**Reconciled by**: ________________________________  **Date**: ____________

**PI Concurrence Signature**: ________________________________  **Date**: ____________