

# 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 \_\_\_\_\_

AWARD DIRECT COST BUDGET \_\_\_\_\_ TOTAL DIRECT COST EXPENDITURES \_\_\_\_\_

TOTAL PAYROLL EXPENDITURES \_\_\_\_\_ TOTAL DIRECT COSTS ENCUMBERED \_\_\_\_\_

TOTAL DIRECT COSTS STILL AVAILABLE \_\_\_\_\_ F&A RATE 0.00% F&A BASE \_\_\_\_\_

TOTAL THIS MONTH (EXCLUDE ENCUMBRANCES & INCLUDE F&A) \_\_\_\_\_

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....):

Reconciled by \_\_\_\_\_ Date \_\_\_\_\_

PI Concurrence Signature \_\_\_\_\_ Date \_\_\_\_\_