

Statewide Accounting and Reporting Services  
155 Cottage St NE, U50  
Salem, OR 97301

Contact your SARS Analyst for assistance

# Statewide Financial Reporting

## Transmittal of: **CAFR Disclosures and Agency Certification**

**To: Statewide Accounting and Reporting Services (SARS)**

**From: Agency Number**

**Agency Name**

**For: Fiscal Year Ended June 30,**

### 1. The following checked items are transmitted with this certification:

CAFR General Disclosures

CAFR Debt Disclosures

### 2. Agency Certification of Accuracy and Completeness

I certify that to the best of my knowledge the transmitted information accurately and completely reflects the agency's financial activities for the fiscal year noted above, and that this information agrees with the ending account balances in the agency's financial accounting system.

In addition, I certify that to the best of my knowledge the agency's financial activity is accurately and completely reflected in the agency's financial accounting system in conformity with generally accepted accounting principles and legal requirements. Any *differences* between the balances reported in the transmitted disclosures and the agency's financial accounting system have been communicated in writing to the agency's SARS analyst.

\_\_\_\_\_  
CAFR Accountant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Fiscal Officer or Director Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date