

**INTERNAL CONTROLS OVER THE PAYMENT PROCESS  
ANNUAL CERTIFICATION FORM**

Email this completed and signed form on or before March 29, 2024 to [sunyiccert@sysadm.suny.edu](mailto:sunyiccert@sysadm.suny.edu).

SUNY Buffalo State University

**Campus Name**

Lisa H Krieger

Interim vice President for Management and Operations

**Campus Contact**

**Title**

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716-878-4311

**Email Address**

**Telephone #**

In accordance with Title 2, Chapter I, Part 6.6 of the New York Codes, Rules and Regulations, I hereby certify that the campus' internal controls over the payment process to support the validity of campus claim certification for processing payments is:

Satisfactory (i.e., the campus has established controls and has determined controls are working as intended).

Satisfactory with weaknesses (i.e., the campus established controls; however, the campus has identified some weaknesses).

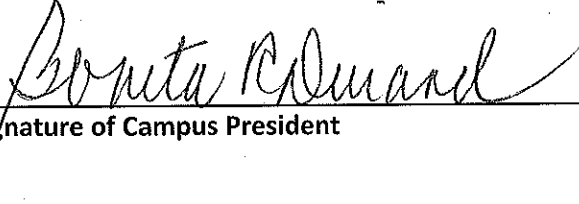
Unsatisfactory (i.e., the campus has not established controls or has identified significant control weaknesses).

The campus identified how it will address control weaknesses as follows:

Control Area/Objective	Control Weaknesses Identified	Corrective Action Plan (implementation, monitoring steps, dates, etc., as determined) or Compensating Control for Weakness Identified

By checking this box, I certify the campus assessed the adequacy of controls over the Voucher Authorizer Designation process. In addition, the campus verified the individuals having the ability to approve vouchers and expense reports for submission to the Comptroller's Office on my behalf (i.e., Voucher Authorizers) have been appropriately authorized in a manner consistent with the following statement:

In accordance with Section 110 of the State Finance Law, vouchers are certified or approved by myself or my designee(s) for submission to the Comptroller for audit. I may authorize one or more officers or employees to make such designations. I hereby authorize the \_\_\_\_\_ (Include Designee(s) Title if applicable, if not leave blank or include No Change) to designate other agency personnel who may certify or approve vouchers on my behalf (i.e., Voucher Authorizers). I authorize the Campus Security Administrator (or equivalent) to assign the appropriate role in the Statewide Financial System or our financial management system, where applicable, to those designated as Voucher Authorizers.



3-25-2024

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Signature of Campus President

Date