

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

[Email this completed and signed form on or before March 10 to sunyiccert@sysadm.suny.edu.](mailto:sunyiccert@sysadm.suny.edu)

SUNY BUFFALO STATE UNIVERSITY

Campus Name

LAURA BARNUM

Campus Contact

VICE PRESIDENT, FINANCE & MANAGEMENT

Title

barnumlj@buffalostate.edu

Email Address

716-878-4311

Telephone #

In addition to the campus review of controls over the Procurement (P) Credit Card Reconciliation Process, please indicate the other credit card program(s) the campus reviewed:

- ☒ Travel (T) Credit Card Reconciliation Process
☒ Non-Employee Travel (NET) Credit Card Reconciliation Process
☒ WEX Bank (Fuel) Credit Card Reconciliation Process

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 and that the individuals having the ability to certify vouchers and expense reports for submission to the Comptroller's Office on my behalf (i.e., Voucher Authorizers) have been granted that authority by me or my designee(s) in a manner consistent with the following statement:

In accordance with Section 110 of the State Finance Law, I may grant the authority to other agency (campus) personnel the ability to certify vouchers and expense reports on my behalf (i.e., Voucher Authorizers) or I may designate one or more officers or employees to grant such authority. I hereby designate

_____ (Include Designee(s) Title if Changed from Previous Year, if not include No Change) to grant such authority. 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.

Katharine Convery Turner

3/9/2023

Signature of Campus President

Date