

**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (SEFA)/
SUPPLEMENTARY INFORMATION SCHEDULES (SIS)
VALIDATION FORM**

BUSINESS UNIT (BU):

Check the appropriate box for each item listed below.

Run the following in Edison and validate results:	YES	N/A (not applicable to BU)
TN_GR06_SEFA_EXP (Query for SEFA)	<input type="checkbox"/>	<input type="checkbox"/>
TN_GR06S_SEFA_SUPPL (Query for SIS)	<input type="checkbox"/>	<input type="checkbox"/>
Complete the following schedules after the results of the queries are validated:		
Schedule of Expenditures of Federal Awards: Original <input type="checkbox"/> Revised <input type="checkbox"/>		
Supplementary Information Schedule: Original <input type="checkbox"/> Revised <input type="checkbox"/>		
Has your agency reconciled the query results to the accounting records (General Ledger): Yes <input type="checkbox"/> N/A <input type="checkbox"/>		
Has your agency reconciled the query results to the applicable federal reports: Yes <input type="checkbox"/> N/A <input type="checkbox"/> If N/A, has your agency submitted procedures to Division of Accounts to reconcile federal expenditures to federal draws: Yes <input type="checkbox"/>		
Is management aware of federal awards not included on the Schedule of Expenditures of Federal Awards in accordance with 2 CFR Part 200 (Uniform Guidance)? If Yes, please explain. Yes <input type="checkbox"/> No <input type="checkbox"/>		
N/As must be explained:		

Submit the completed form along with the required items listed in Sections IV and V in the instructions provided for the Schedule of Expenditures of Federal Awards/Supplementary Information Schedule by close of business, Friday, September 15, 2023. Only one validation form per agency is required. If your agency processes reportable transactions after this date then both schedules, if applicable, and this form must be resubmitted.

I certify that the above queries have been worked and the results verified with the information submitted on the Schedule of Expenditures of Federal Awards and or the Supplementary Information Schedule.

Print Name Fiscal Officer

Signature Fiscal Officer

Date