

Financial Certification

(Entity Name)

(Address)

_____, FL _____
(City) (Zip)

For the ____ month period ending _____, _____ the Pastor, Finance Council and Business Manager or Bookkeeper of _____ certifies the following:

1. The Statements of Financial Position, Statement of Activities and Statement of Cash Flow for the above referenced date which are available via the parish's Parishsoft accounting software represent, to the best of my knowledge, an accurate and complete accounting of parish finances.
2. The parish's operating and Mass stipends bank accounts have been reconciled monthly with the general ledger balances through the above referenced date and Bank Reconciliation Statements have been prepared for review using the parish's Parishsoft Accounting software.
3. The month-end and/or year-end closings have been completed for the above referenced time period. The Operating Cash balance from the Statement of Financial Position is \$_____ and the Net Surplus/(Deficit) from the Statement of Activities is \$_____.

Business Manager/Bookkeeper

Date

The above referenced financial statements have been reviewed and discussed with the parish's Finance Council at a meeting held on _____.

Pastor

Date

Finance Council Member

Date

Send via email to: financialreporting@dosp.org