

IDENTIFICATION OF CONFIDENTIAL EXPENSES

Type of Report: <input type="checkbox"/> Annual <input type="checkbox"/> Update	Effective Date:
Agency/Department:	GL BU:

<p> Does your agency/department make payments that are deemed confidential by <i>statute</i> or by <i>federal</i> or <i>state regulation</i>? </p> <p style="text-align: right;"> <input type="radio"/> Yes <input type="radio"/> No </p> <p style="text-align: right; font-size: small;"> <u>Yes:</u> Complete Confidential Expense Accounts section <u>No:</u> Sign and Submit to Finance & Management </p>
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Confidential Expense Accounts			
GL Bus Unit	Account	Account Description	Statutory or Other Reference

Appointing Authority Signature	
I certify that the above information is an accurate and complete list of VISION expense accounts used by this business unit that may contain payment information which has been designated as confidential:	
Name: _____	Title: _____
Signature: _____	Date: _____

IDENTIFICATION OF CONFIDENTIAL EXPENSES

The *Identification of Confidential Expenses* form is used to identify expense accounts in the VISION system that may contain payment information which has been designated as confidential in statute or by other federal or state regulation and must be excluded from statewide payment reports.

Categories of expense that are not designated as confidential in statute or regulation **may not be excluded** or included on this form.

Requirements:

1. This form must be completed annually, by **May 31**, to be effective the following state fiscal year.
2. This form must be completed whenever there are interim changes to expenses in an agency/department. In this case, the form must be submitted **prior to** incurring confidential expenses in order to prevent the release of confidential information.
3. This document must be signed by the Appointing Authority and submitted to the Department of Finance and Management.

Instructions:

1. Select **Type of Report:**
Annual - To be effective at the start of the next state fiscal year
Update - When changes occur during a fiscal year
2. Enter the **Effective Date** - For Annual Reports, they should be effective the first day of the following state fiscal year
3. Enter the **Agency/Department Name**
2. Indicate if your agency/department makes confidential payments by selecting **Yes** or **No** as appropriate
3. Complete the **Confidential Expense Accounts** section if your agency/department makes confidential payments
If you do not make confidential payments, you may skip this section
4. The Appointing Authority must **sign this form** and submit it to the Department of Finance and Management by the due date

Due Dates:

Annual Report - Due by **May 31** each year

Update - Due **before expenditures are incurred** in the account(s)

Submit completed forms to:

Karen Jaquish
Statewide Grants Administrator
Dept. of Finance & Management
Financial Operations Division
109 State Street, 3rd Floor
Montpelier, VT 05609-5901

or by email:
karen.jaquish@state.vt.us