	FISCAL YEAR:		
QUARTERLY REVI	EW AND CERTIFICA	ATION OF UNDELI	VERED ORDERS
(UDOs) FOR THE QU	JARTER ENDING:		
Name of Region/Office:			
Name of Regional/Central Office Director:			
I hereby certify that a review and v Outstanding UDO Template report documentation is complete and acc	has been completed. T		
 All known obligations for the duarterly UDO report. 	his Region/Office, have	been recorded in FBM	AS, and they are reflected in the
• Each open UDO line item h	as been annotated with	its status or comment	using the drop down list.
 The detail results and supported review criteria are readily a 	•		the DOI's minimum target re the criteria:
 All UDO's with no months; 	All UDO's with no period of performance (POP) or delivery date (DD) and no activity for three months;		
o All UDO's with a P	All UDO's with a POP or DD that expired over three months ago;		
	All Financial Assistance (e.g., grant, self-determination contract) UDOs with a POP that expired over six months ago; and		
o All Permanent Chan	All Permanent Change of Station (PCS) UDOs with no activity for twelve months.		

Certification form, along with the annotated responses, must be submitted via email to the Office of the Chief Financial Officer, Financial Reporting and Analysis Division in Reston by the close of business on last day of the month following the end of the quarter.

(Date)

(Signature)