

# Financial Controls Policy Confirmation

Date: [Insert Date]

To: [Employee Name]

Position: [Employee Position]

Department: [Employee Department]

Dear [Employee Name],

This letter serves to confirm your acknowledgment and understanding of the Financial Controls Policy as outlined in the company policy manual. The purpose of this policy is to ensure the integrity, accuracy, and security of the financial reporting process within our organization.

By signing below, you confirm that you have read, understood, and agree to adhere to the Financial Controls Policy and its associated procedures. Your commitment to compliance is essential to maintaining the trust of our stakeholders and the effectiveness of our financial system.

Should you have any questions regarding the policy or its implementation, please do not hesitate to reach out to your supervisor or the finance department.

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Contact Information]

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Employee Signature & Date