



**Hektoen Institute  
Accounting Internal Controls, Policies and Procedures  
Grant Policies and Procedures**

**Acknowledgement Form**

I certify that I have received and read a copy of the following:

- Accounting Department Internal Controls, Policies and Procedures Manual
- Grant Policies and Procedures Manual

The manuals are available on Hektoen's website: [www.hektoen.org](http://www.hektoen.org)

Also, I understand my responsibilities with respect to the Principles and Standards as outlined. I further agree to comply with the Principles and Standards set forth by Hektoen Institute in the Accounting and Grant Policies and Procedures Manuals.

**Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Please return this form with the requested information by August 31, 2007 to the Hektoen Accounting Department – Attn: Yulanda Brown (Controller) via fax at (312) 948-2549 or by e-mail at [aretha.tatum@hektoen.org](mailto:aretha.tatum@hektoen.org).**