

**Management Control Evaluation Checklist
Administration of the Purchase Card Program**

REGULATION NUMBER:	
DATE OF REGULATION:	

PAGE 1 OF 3 PAGES

Assessable Unit : (Mailing address and phone number)

Function. The function covered by this checklist is the administration of the purchase card program.

Purpose. The purpose of this checklist is to assist commanders and managers in evaluating the key management controls outlined below. It is not intended to cover all controls.

Instructions. Answers must be based on the actual testing of key management controls (e. g., document analysis, direct observation, sampling, simulation, other). Answers that indicate deficiencies must be explained and corrective action indicated in supporting documentation. These key management controls must be formally evaluated at least once every five years. Certification that this evaluation has been conducted must be accomplished on the enclosed DA Form 11-2-R (Management Control Evaluation Certification Statement).

Comments: Help to make this a better tool for evaluating management controls. Submit comments to: ATTN SFFM-FCL, 109 ARMY PENTAGON, WASHINGTON DC 20310-0109.

Evaluation conducted by: (Name, Grade, Title, Office Branch, Telephone Number)	<u>Date of Evaluation</u>

Evaluation Results: (Document the evaluation results on DA Form 11-2-R, in item 7)

