

Certification of Review of Purchasing Card Self-Audit

The undersigned hereby represents the following:

1. I am the Chief Financial Officer of _____

2. The Purchasing Card Self-Audit for the period under review of _____
was completed by _____.

3. I have reviewed the Purchasing Card Self-Audit and acknowledge its submission to the
Department of Administrative Services is required by the Statewide Purchasing Card Policy.

4. I understand that the Purchasing Card Self-Audit does not replace or override the purchasing
card program management as outlined in the entity's approved Purchasing Card Plan or any
required policies and procedures.

Name (print/type)

Signature

Date