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| **Background pattern  Description automatically generated with medium confidence****ANNUAL P-CARD SELF-ASSESSMENT** |
| **Attestation by Internal Investigations or Audit Unit** |
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|  | The undersigned hereby represents the following: 1. I am the head of internal investigations or audit at       .
2. The Purchasing Card Self-Assessment for the period under review of       was completed by      .
3. I understand that verified or suspected cardholder misuse, abuse and fraud must be reported to the Georgia Department of Administrative Services.
4. I have reviewed the Purchasing Card Self-Assessment. To the best of my knowledge, the information reported is accurate and complete.

Agreed and accepted this       day of       20     . |  |
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|  | **HEAD OF INTERNAL AUDIT OR INVESTIGATIONS** |  |
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|  |  |       |  |       |  |
|  | Signature |  | Date |  |
|  |       |  |  |  |
|  | Printed Name |  |  |  |
|  |       |  |
|  | Name of Entity |  |  |  |  |  |  |  |
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