

## Certification of Review of Purchasing Card Self-Assessment

The undersigned hereby represents the following:

1. I am the Chief Financial Officer of \_\_\_\_\_
  
2. The Purchasing Card Self-Assessment for the period under review of \_\_\_\_\_ was completed by \_\_\_\_\_.
  
3. I have reviewed the Purchasing Card Self-Assessment 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-Assessment 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. After the submitted cardholder list has been reviewed and appropriate signatures obtained, the cardholder tab of the Purchasing Card Plan will be updated.

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Name (print/type)

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Signature

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Date