

PROMPT PAYMENT ACT QUALITY CONTROL REVIEW SAMPLE REPORT

MEMORANDUM FOR: Chief Financial Officer

FROM: Comptroller

SUBJECT: Quality Control Review Report for Prompt Payment:
_____ 1, FY _____ 2

We have completed our Quality Control (QC) Review of the information submitted for Prompt Payment reporting by _____ 3, for the quarter ended _____ 4. The review was conducted by personnel independent of the related payment function.

The scope of this QC Review was to evaluate the accuracy of the information submitted for the Prompt Payment Act, as required under the Office of Management and Budget's (OMB) Circular A-125. In addition, we also evaluated whether any enhancements to the corresponding payment systems were required.

We sampled _____ /5 disbursement, in accordance with the sampling methodology established by the Office of the Chief Financial Officer (CFO), using a 90 percent confidence level and an upper precision limit of plus or minus five percent. The sample was selected in a random manner to avoid biased results. This sample represents _____ /6 of invoices and \$_____ /7 of the Prompt Payment disbursements reported by our function during this quarter.

In reviewing the sample of disbursements, original disbursement documentation was used to evaluate compliance with OMB Circular A-125 requirements, as prescribed in Handbook 1900.29 REV-1 , Prompt Payment Policy. The sample was reviewed in accordance with the desk review procedures established by the CFO (as attached). We have maintained copies of our testwork, we found _____ /8 discrepancies in the sample. Copies of any discrepancies and brief explanations are attached.

In addition, we also reverified all summary disbursement information as reported in our quarterly Prompt Payment submission. Based on our testwork, we found _____ /8 discrepancies in our quarterly reporting. We evaluated whether any of the discrepancies noted in our sample of disbursements impacted the accuracy of amounts reported in our summary disbursement information. Copies of any discrepancies and brief explanations are attached. (Also attached is a copy of the amended summary disbursement information required for the reporting period, if any changes were necessary). We also examined the payment and reporting process for our area's disbursements under OMB Circular A-125. Based on our review, we have identified the following improvements which will be addressed:

Nature of Improvements	Completion date
------------------------	-----------------

If NONE, so state.

9/94

1900.29 REV-01
APPENDIX 6

Should you have any questions, please call
_____ /9 on _____ /10.

Attachments

- 1 Indicate quarter ended (i.e., first, second, . . . , etc.)
- 2 Indicate fiscal year
- 3 Provide name of reporting area (i.e., GNMA, OFA, FHA)
- 4 Indicate quarter ended (i.e., September 30, 19XX, etc.)
- 5 Provide number of disbursements tested
- 6 Provide number of invoices tested
- 7 Provide dollar amounts of invoices tested
- 8 Indicate number of discrepancies noted
- 9 Provide name of reporting area contact
- 10 Provide phone number of reporting area contact