



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS SPACE AND MISSILE SYSTEMS CENTER (AFSPC)
LOS ANGELES AIR FORCE BASE, CALIFORNIA

Date

MEMORANDUM FOR 61 CONS/LGCP

FROM: *[Your Organization]*

SUBJECT: Billing Official Annual Review of Cardholder Account Surveillance Report

Billing Official: *[Name of Billing Official]*

Account #: *[Last 4 digits of BO Acct(s)]*

Cardholder: *[Name of Cardholder]*

Account #: *[Last 4 digits of CH Acct(s)]*

- *Submit a separate report for each cardholder.*
- *If the cardholder has more than one GPC account, you may consolidate all the review findings on one report. Be sure to list each account reviewed within the letter.*

1. On *[date surveillance was conducted]*, an Annual Billing Official surveillance review was conducted regarding the afore-mentioned cardholder account(s) in accordance with AFI 64-117 paragraph 4.3.3.6.1. and 4.3.4.1.5. The surveillance included a review of all transaction documents and the electronic transaction management log maintained in C.A.R.E. The GPC Surveillance – Review Of Cardholder Account checklist, was used to conduct the review. Only those surveillance items deemed questionable in their compliance are addressed herein.

2. Description of Findings:

[What were the results of reviewing the cardholders CARE logs? How well are their GPC records organized? Were they missing any documentation? Were there any unauthorized transactions? Are all purchases that require prior approval/coordination documented properly? etc... If no findings, indicate that no findings were discovered during the surveillance.]

3. Corrective Action Taken:

[What action was taken to correct the findings? Did you provide/schedule additional training? Was any disciplinary action imposed on the cardholder? If so, what? etc.]

4. The cardholder is due for GPC Refresher Training on *[date]*.

5. *Include any other information that you deem pertinent to the review.*

[During this session, you should discuss the cardholder's duties and responsibilities as they relate to the GPC program. Did you confirm that cardholder keeps their card in a secure location? Did you review AFI 64-117 with the cardholder? Etc.]

6. Should you require any additional information, contact _____ at

_____.

Commander/Director/Billing Official