

GUIDE TO SEMI-ANNUAL REVIEW TEMPLATE

Form used to submit Semi-Annual report to DoN eBusiness Operations Office.

Enclosed excel template/spreadsheet should be completed by the Level III APC for each claimancy. Only one file per claimancy should be submitted. In addition to submitting this form, the Level III APC should also submit 1) a signed statement from the claimancy SES/CO stating that the Semi-Annual results were reviewed and approved for submission; 2) A word document listing weaknesses in internal management.

Section I

Date – enter date. Use format dd-MMM-yy; example: 30-APR-04

Command – Enter the name of your command

Point of Contact (POC) – Enter your name (the APC)

Phone – Enter your work telephone number

Hierarchy Number – Enter the complete hierarchy string of your activity

Section II

1. **Name of the SES/CO who review the semi-annual review results** – Level V APCs should provide name and signed letter to their Level III APC of the individual that reviewed the semi-annual results. Level III APCs should submit, to the DoN eBusiness Operations Office, the name of the SES/CO that signed off on the statement that results were reviewed and acceptable for submission. Level III APCs do not need to submit to the DoN eBusiness Operations Office the lower level SES/CO names.
2. **A. Total Number of APCs** – Enter the number of APCs in your activity.
B. Number of APCs with Documented evidence of training - Provide number of APCs that have documented evidence of training. There are two types of training – DoN eBusiness Training and DAU training (GSA, if NAF activity). Documented evidence of each training is required for all program participants. Training is mandatory for all APCs.
C. Explanation for not having 100% trained - If answer B is not 100% of your APCs in the purchase card program, provide an explanation.
3. **A. Total Number of AOs** – Enter the number of AOs in your activity.
B. Number of AOs with Documented evidence of training - Provide number of AOs that have documented evidence of training. There are two types of training – DoN eBusiness Training and DAU training (GSA, if NAF activity). Documented evidence of each training is required for all program participants. Training is mandatory for , all AOs. .
C. Explanation for not having 100% trained - If answer B is not 100% of your AOs I in the purchase card program, provide an explanation.
4. **A. Total Number of Purchase Cardholders** – Enter the number of cardholders in your activity. This number may be different than question #6 as this is a number of individuals that have card accounts. One cardholder may have multiple accounts. This number cannot be larger than the answer to question # 6.
B. Number of Cardholders with Documented evidence of training - Provide number of CHs that have documented evidence of training. There are two types of training – DoN eBusiness Training and DAU training (GSA, if NAF activity). Documented evidence of each training is required for all program participants. Training is mandatory for all CHs.

- C. Explanation for not having 100% trained** - If answer B is not 100% of your cardholders in the purchase card program, provide an explanation.
5. **A. Total Number of Heads of Activity** – Enter the number of HAs in your activity.

B. Number of APCs with Documented evidence of training - Provide number of HAs that have documented evidence of training. There are two types of training – DoN eBusiness Training and DAU training (GSA, if NAF activity). . .

C. Explanation for not having 100% trained - If answer B is not 100% of your HAs in the purchase card program, provide an explanation. Heads of Activities may or may not have taken the training. Training for these individuals is highly encouraged.
 6. **Total Number of Purchase Card Accounts** – Enter the number of card accounts in your activity. This number may be different than the answer to question #4A. This is number of accounts in your program. Question #4A is asking for number of individuals in your program. This number can be greater than #4A but can not be less than #4A.
 7. **Number of APCs who exceed the ratio of 300:1** – Enter a number in this field. Number should indicate how many APCs in your activity have over 300 cardholder accounts to one APC.
 8. **Average claimancy ratio of purchase card accounts to AOs** – Provide the average number of cardholder accounts to AO accounts in your activity. Divide the number of cardholder accounts by the number of AO accounts.
 9. **Number of AO accounts above the ratio of 7:1** – Provide the number of AO accounts that exceed 7 cardholder accounts. Also provide the activities name, the number of cardholder accounts that the AO has and the corrective action taken or planned (with dates) to reduce the number of accounts under that AO. If a waiver was requested and granted, provide evidence.
 10. **Questionable Transactions** – For all of the below details, provide the following information on EACH transaction (separate tabs in the excel spreadsheet):
 1. **Item Purchased**
 2. **Dollar amount of the transaction**
 3. **How the transaction was discovered**
 4. **Disciplinary and/or administrative actions taken (with dates)**
 5. **Activity name**
 6. **Hierarchy number**
 7. **Date of transaction**

Questionable transactions is broken into 6 categories. Detail for each to be provided on separate tabs as identified:

- a. **Exceeded minimum need** – Provide the number of transactions that exceeded minimum need. A purchase exceeds the Government's minimum needs when it is excessive in terms of quality, quantity or otherwise exceeds the minimum requirements to satisfy and support the Government in a particular instance. Examples of such transactions include purchases of items such as \$300 day planners, \$350 bedside radios, purchases of designer leather goods, and year-end and/or other bulk purchases of computer and electronic equipment for a questionable government need, merely to expend the funds.

- b. **Personal Use** - Provide the number of transactions that are considered Personal Use purchases. Personal Use of the purchase card is defined as acquiring goods or services that are unauthorized and intended for personal use or gain against the government.
- c. **Exceeded Authorized Limits** – Provide the number of instances where the cardholder exceeded his authorized limit. The limit should be based on the Letter of Delegation stating what dollar threshold the cardholder can purchase.
- d. **Splits** – Provide the number of split instances – not the number of transactions that were used to split the transaction. For example, if a Cardholder made 3 purchases at \$1,000 each to avoid the micro-purchase threshold, only list one split instance. Split purchases can be defined as: Using separate requirements over the micro-purchase threshold to avoid the competition requirements or break down requirements to circumvent single purchase limits. The "requirement" is the quantity known at the time of the buy. If an individual purchases as he/she becomes aware of a requirement, the requirement is each. If the requirements are consolidated and purchases are made once a day, the requirement becomes what was received during the day. Splitting is the "intentional" breaking down of a known requirement to stay within a threshold (i.e. the \$2,500 micro-purchase threshold) or to avoid having to send the requirement to the contracting officer.
- e. **Prohibited Items** – Provide the number of transactions that were identified as a purchase of a prohibited item. The DON EBUSOPSOFFINST 4200.1A, Department of the Navy policies and procedures for the operation and management of the Government Commercial Purchase Card program, contains a list of prohibited and special attention items related to purchase card buys. Some items on the list are strictly prohibited by law, regulation or statute from procurement via the Government purchase card. Other items require special approvals. Some may be procured using traditional purchase methods (e.g. purchase orders, BPA calls, etc) issued by a contracting officer and paid for using the purchase card as a method of payment. Because these items are either strictly prohibited or require special approvals or contract terms and conditions, use of the procurement by the purchase card is restricted to ensure that the appropriate level of scrutiny and approval authority is applied to these procurements.

11. List all transactions using special emergency procurement authority –

Provide number of transactions that were used in support of a DOD Special Emergency Procurement Authority. Refer to DoN eBusiness Office memo serial Oe1/247 dated 12 MAR 04 as well as ASN (RD&A) memo dated 04 MAR 04, Delegation of Authority.

Provide the following information on each transaction:

- i. Cardholder Name
- ii. Date of transaction
- iii. Amount of transaction
- iv. Merchant Name
- v. Type of Authorization

- vi. Supply or Service purchased
- vii. Activity Name
- viii. Hierarchy number

12. **Were weaknesses reported in the last semi-annual review corrected** – Provide weaknesses reported in the last semi-annual review and corrective action. Use a separate word document to report current weaknesses in internal management controls (see DON EBUSOPSOFFINST 4200.1A chapter 4).

13. **Is there a current IOP in place at the activity that reflects the updated instruction** – Level V APCs should provide a response to the Level III APC indicating whether they have a current IOP in place. Level III APCs should verify and approve the IOP at the activity. Level III APCs should report what activities do not have a current IOP in place and corrective actions.

14.

14. **What perW A. What percentage of your activities have a current IOP in place** – Level III APC should submit the percentage of activities that have a current/approved IOP in place. Also submit the name/hierarchy number of those activities that do not have a current/approved IOP in place.

What perW B. What activities do not have a current/approved IOP in place; Provide Activity name and Hierarchy number – Level III APC should submit the percentage of activities that have a current/approved IOP in place. Also submit the name/hierarchy number of those activities that do not have a current/approved IOP in place.

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