



APC Quarterly Certification of LAPC Quarterly Review

I, _____ the APC for _____, hereby certify that I have
Printed Name Agency Name
 received and reviewed all of my LAPCs Quarterly Review Check Lists for _____, in
Quarter Reviewed
 accordance with the Coordinator’s Purchase Card Program Guide (**Section 8. Management and Oversight – LAPC Review, LAPC Quarterly Review Checklist, Exhibit 11**), which states: “LAPCs should review 25% of their cardholders each quarter, ensuring review of transactions from 100% of the total accounts the LAPC manages over the course of a year (this requires that the 25% of cardholder accounts reviewed each Quarter vary and be a unique list to total a complete 100% review of cardholder accounts for each LAPC at year-end).”

In addition, LAPCs shall report the results of their reviews to their APC by the end of the second month following the close of each quarter. (Refer to dates listed in the table below).

| Quarter Reviewed: | For the Months of: | Due Date to APC: | Due Date to the CCSC: |
|-------------------|--------------------|------------------|-----------------------|
| Q4 FY11 | July – September | November 30 | December 7, 2011 |
| Q1 FY12 | October – December | February 29 | March 7, 2012 |
| Q2 FY12 | January – March | May 31 | June 7, 2012 |
| Q3 FY12 | April – June | August 31 | September 10, 2012 |
| Q4 FY12 | July – September | November 30 | December 7, 2012 |
| Q1 FY13 | October – December | February 28 | March 7, 2013 |
| Q2 FY13 | January – March | May 31 | June 7, 2013 |
| Q3 FY13 | April – June | August 30 | September 9, 2013 |
| Q4 FY13 | July – September | November 29 | December 6, 2013 |

NOTE: APCs are to complete and sign this Certification notice and submit to the CCSC on or before the date listed in the “Due Date to the CCSC” column.

Signature _____ Date _____