MCR ABBREVIATED REVIEW

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IF YOU NEED ADDITIONAL SPACE USE SEPARATE SHEET.

1. FUNCTIONAL CATEGORY: _____ ASSESSABLE UNIT: _____

2. RISK ASSESSMENT: Assessment current? ☐ Yes ☐ No
(Attach copy of most recent Risk Assessment.)

3. DATE AND TYPE OF LAST AUDIT / REVIEW
   (a) Date _____
   (b) Type _____
   (c) Alternative Management Control Review (AMCR)? ☐ Yes ☐ No
   Enter the audit number if applicable: _____
   Location of AMCR documentation: _____

4. IDENTIFICATION OF POLICIES, PROCEDURES, AND CONTROLS USED:

5. TEST OF CONTROLS AND RESULTS:

6. PLANS FOR CORRECTIVE ACTION AND COMPLETION DATES:

7. ACCOMPLISHMENTS:

8. DETERMINATION OF OVERALL COMPLIANCE WITH GAO MANAGEMENT CONTROL STANDARDS:

A. GENERAL STANDARDS:

(1)	REASONABLE ASSURANCE	☐ Yes	☐ No
(2)	SUPPORTIVE ATTITUDE	☐ Yes	☐ No
(3)	COMPETENT PERSONNEL	☐ Yes	☐ No
(4)	CONTROL OBJECTIVES	☐ Yes	☐ No
(5)	CONTROL TECHNIQUES	☐ Yes	☐ No

B. SPECIFIC STANDARDS:

(1)	DOCUMENTATION	☐ Yes	☐ No
(2)	RECORDING TRANSACTIONS / EVENTS	☐ Yes	☐ No
(3)	EXECUTION OF TRANSACTIONS / EVENTS	☐ Yes	☐ No
(4)	SEPARATION OF DUTIES	☐ Yes	☐ No
(5)	SUPERVISION	☐ Yes	☐ No
(6)	ACCESS TO & ACCOUNTABILITY OF RESOURCES	☐ Yes	☐ No
(7)	AUDIT RESOLUTION STANDARD	☐ Yes	☐ No

MCR CONDUCTED BY: *(PRINT)*	**Reviewer / Code:** *(Signature)*	Date:
MCR ENDORSED BY: *(PRINT)*	**Department/Office Manager / Code:** *(Signature)*	Date:
MCR ENDORSED BY: *(PRINT)*	**Code 010:** (Signature)	Date:
MCR APPROVED BY: *(PRINT)*	**Chief Staff Officer:** *(Signature)*	Date:

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