

U.S. Army Corps of Engineers
AUTHORIZED COLLECTOR (AC), CONTRACT GATE ATTENDANT (CGA), VOLUNTEER FEE COLLECTOR (VFC) AND FEE COLLECTION CONTRACT (FCC) AUDIT
 For use of this form, see ER 1130-2-550 and EP 1130-2-550; the proponent agency is CECW-CO.

1. DATE	2. TIME (0001-2400 hours)	3. PROJECT	
4. RECREATION AREA	5. CONTRACT NUMBER	6a. AC/CGA/FCC/VFC:	b. AC/CGA/FCC/VFC'S NAME
7. THE BOND FOR THE CGA, VFC, OR FCC IS CURRENT <input type="checkbox"/> YES <input type="checkbox"/> NO DATE BOND EXPIRES			

SECTION I - AUDIT QUESTIONS

A. ACCOUNTABLE FEE PROPERTY.		1. Personal Change Fund Amount \$	
2. Eng Form 4457 Permits: Number Permits Issued Per DA Form 410	Number Permits Sold	Number On Hand	
3. Annual Passes: Number Permits Issued Per Form	Number Permits Sold	Number On Hand	

B. USE FEE MONIES ON HAND NRRS FUNDS (attach financial session detail and summary reports).

1. Total \$ (block 2+3+4+5)	2. Cash \$	3. Check \$	4. Credit Card \$	5. Other \$
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C. USE FEE MONIES ON HAND CASH REGISTER (attach "X" tape for each block below).

1. Total \$ (block 2+3+4+5)	2. Cash \$	3. Check \$	4. Credit Card \$	5. Other \$
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D. SAFEGUARDING PUBLIC MONIES.

1. Total funds on hand match the total amounts shown collected on the accountable fee property documents and funds collected using the NRRS or cash register? Yes No Discrepancy amount \$, If any:

2. The total funds on hand are less than \$5,000.00. Yes No

3. All use fee collections over 7 days old have been remitted: Yes No

E. CREDIT CARDS.

1. Are all credit card receipts signed and accounted for? Yes No

F. PERSONAL CHECKS.

1. Number On Hand	2. Properly Endorsed <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Stamped <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Written Amount Correct <input type="checkbox"/> Yes <input type="checkbox"/> No
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G. REFUNDS.

	YES	NO	N/A
Are refunds issued few in number and appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	

H. NRRS DEPOSITS (since last audit).

	YES	NO	N/A
1. Adjustments are correctly made to deposits?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Voids and adjustments are at acceptable levels?	<input type="checkbox"/>	<input type="checkbox"/>	
3. All deposits reconciled at NRRS lockbox?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Remittances mailed in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Deposit detail and deposit summary reports present?	<input type="checkbox"/>	<input type="checkbox"/>	

I. CAMPGROUND OCCUPANCY.

	YES	NO	N/A
A Spot check of the campers report agrees with actual occupancy and payment shown?	<input type="checkbox"/>	<input type="checkbox"/>	

J. SECURITY.

1. Safe in use? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Safe locked? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Gatehouse doors locked? <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Accountable property, cash and checks secured? <input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: Any questions above answered "No" shall be addressed in Section III with corrective actions being taken to reconcile them a copy of this report shall be furnished to the Manager and OPM.

SECTION II - ADDITIONAL AUDIT QUESTIONS FOR THE FCC	YES	NO	N/A
1. DID THE FCC ONLY COLLECT RECEIPTS / MONIES FROM THE CGA(s) AND HONOR COLLECTION SYSTEMS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. WERE ALL OF THE FCC(S) CASH FUNDS CONVERTED TO CASHIER'S CHECK OR MONEY ORDER AS SPECIFIED IN THE CONTRACT?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. DO THE FCC(S) SUPPORTING DOCUMENTS MATCH THE DEPOSIT AMOUNT? (<i>attach form</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. IS THE FCC FOLOWING THE CONTRACTOR QUALITY ASSURANCE SURVEILLANCE PLAN?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION III - COMMENTS

1. COMMENT/SUMMARY (*reference block number when commenting*)

(This area is intentionally left blank for providing comments.)

SECTION IV - SIGNATURE CERTIFICATIONS

1a. AC/CGA/VFC/FCC'S NAME	b. DATE	c. AC/CGA/VFC/FCC'S SIGNATURE
2a. AUDITOR'S NAME	b. DATE	c. AUDITOR'S SIGNATURE