

DEPARTMENT OF DEFENSE
HEADQUARTERS, UNITED STATES MILITARY ENTRANCE PROCESSING COMMAND
2500 GREEN BAY ROAD, NORTH CHICAGO, ILLINOIS 60064-3094

Change
No. 1

13 December 1990

**Information Management: Telecommunications
Telecommunications Management**

Summary. This change includes page E-3 of appendix E which was inadvertently omitted.

Suggested improvements. The proponent of this regulation is HQ USMEPCOM, ATTN: MEPCIM-CE. Users are invited to send comments and suggested improvements on Department of the Army (DA) Form 2028 (Recommended Changes to Publications and Blank Forms) directly to HQ USMEPCOM, ATTN: MEPCIM-CE, 2500 Green Bay Road, North Chicago, IL 60064-3094.

1. USMEPCOM Reg 25-10, 28 November 1990, is changed as follows:

Remove page

Insert page

..... E-3

2. File this change in front of the publication.

(MEPCIM-CE)

FOR THE COMMANDER:

OFFICIAL:

WILLIAM E. KAIL
Colonel, GS
Chief of Staff

/signed/
H. E. WILCOX, JR.
Colonel, GS
Director, Personnel
and Administration

DISTRIBUTION:

A

Internal Control Review Checklist

page 3 of 3

Step 2: Processing telephone bills.

Risk: Invoices will be paid for unauthorized calls.

Control objective: Payment is made only for authorized calls.

Control Technique: Monthly telephone bills are verified and certified by the TCCO.

Test Question: Are monthly telephone bills verified and certified by the TCCO?

Response: YES _____ NO _____ N/A _____

Remarks:¹

¹Explain rationale for YES responses or provide cross-reference where rationale can be found. For NO responses, cross-reference to where corrective action plans can be found. If response is NA, explain rationale.

I attest that the above-listed internal controls provide reasonable assurance that Army resources are adequately safeguarded. I am satisfied that if the above controls are fully operational, the internal controls for this subtask throughout USMEPCOM are adequate.

Communications-Electronics Officer
FUNCTIONAL PROPONENT

I have reviewed this subtask within my organization and have supplemented the prescribed internal control review checklist when warranted by unique environmental circumstances. The controls prescribed in this checklist, as amended, are in place and operational for my organization (except for the weaknesses described in the attached plan, which includes schedules for correcting the weaknesses).

OPERATING MANAGER (Signature)