



M E M O R A N D U M

Date: [Date]

To: [Delegation Holder's Name]
[Delegation Holder's Title]
[Department Name]
[Street Address]
[City, State, Zip Code]

From: Department of General Services
Procurement Division, Systems Integrity Unit

Subject: DELEGATION PROGRAM COMPLIANCE REVIEW & EXIT INTERVIEW
Delegation Nos.: [Delegation Nos.]
Review Period: [Date] to [Date]
Exit Interview Date: [Date & Time]

The Procurement Division has completed its review of the Department of _____'s Delegated Purchasing Authority, as indicated above. A copy of the review report is attached.

This is to confirm that an exit interview to review the findings and recommendations contained in the report is scheduled for [day of the week], [month/date/year], [time] [a.m./p.m.], at the Department of _____, [street address, room number, city, state]. The purpose of the meeting is to discuss the review findings and recommendations, answer any questions you or your staff may have, and provide resource materials, as appropriate. You will also be asked to provide payment information on a representative sample of transactions selected during the review. Payment data forms will be provided to you at the meeting, for submission as instructed on the form. It is important that you, the delegation holder, attend the meeting. We also encourage attendance by any other departmental staff you select.

Thank you for your cooperation during the review. If you have any questions, please call me at (916) [reviewer's phone number].

[Reviewer's Name]
[Reviewer's Title]
Acquisition Quality Assurance Program

Attachment