Figure A7.C2.F7. FMS Case Review and Reconciliation Checklist

| FMS Case Identifier: (XX-X-XXX) | |
|------------------------------------|---|
| Reviewer Name: | |
| Reviewer Title/Position: | |
| Data 'As of' Date: | |
| | Anniversary of basic case implementation |
| Review Event: (check one) | Preparation for FMS review with Purchaser |
| (Circumonic) | Case value adjustment |

| Item # | Checklist Item | Item Verified (Circle One) | Remarks | | |
|----------------------------------|---|-------------------------------|---------|--|--|
| Section | Section 1: General Case Data | | | | |
| 1 | LOA values in DSAMS, DIFS and IA systems equal. | YES NO N/A | | | |
| 2 | LOA line values and associated CAS and LSC in DSAMS, DIFS and IA systems equal. | YES NO N/A | | | |
| 3 | Commitments posted. | YES NO N/A | | | |
| 4 | Commitments, obligations and expenditures reviewed. | YES NO N/A | | | |
| 5 | OA received does not exceed adjusted net case value. | YES NO N/A | | | |
| 6 | Obligations do not exceed OA received. | YES NO N/A | | | |
| 7 | Cumulative from inception (CFI) obligations in DIFS FIF2 equal CFI obligations recorded in IA system. | YES NO N/A | | | |
| 8 | DSAMS/DIFS/IA system rounding variances corrected. | YES NO N/A | | | |
| Section 2: Delivery-Related Data | | | | | |
| 9 | Delivery quantities compared. | YES NO N/A | | | |
| 10 | All deliveries reported in an accurate and timely manner. | YES NO N/A | | | |

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| Item # | Checklist Item | Item Verified (Circle One) | Remarks |
|-----------|---|-------------------------------|---------|
| 11 | Deliveries reported to correct line; DSCs, appropriation indicators, pricing elements, price codes and other variables verified. | YES NO N/A | |
| 12 | DIFS deliveries compared with IA deliveries. | YES NO N/A | |
| 13 | SDRs resolved. | YES NO N/A | |
| Section | on 3: Expenditures/Disbursements | | |
| 14 | Admin, CAS, SCML and royalty fee disbursements do not exceed estimated Admin, CAS, SCML and royalty fees. | YES NO N/A | |
| 15 | LSC disbursements do not exceed estimated LSC. | YES NO N/A | |
| 16 | Accessorial costs in DIFS do not exceed estimated accessorials. | YES NO N/A | |
| 17 | DIFS disbursements compared with IA disbursements. | YES NO N/A | |
| 18 | DIFS FIC1 reconciled with DIFS FIS2. | YES NO N/A | |
| 19 | Adverse Financial Condition (AFC)/ Financially Troubled Case (FTC) issues resolved. | YES NO N/A | |
| 20 | Problem disbursements resolved. | YES NO N/A | |
| 21 | Billings and current information obtained on all reimbursable documents. | YES NO N/A | |
| 22 | All travel orders/vouchers liquidated. | YES NO N/A | |
| 23 | Current information on contracts obtained. | YES NO N/A | |
| 24 | Ensure SEC 21 LIQ plus SEC 22 LIQ delivered values equal PRG PMT RPT with the only difference allowable due to LSC LIQ | YES NO N/A | |

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| Item # | Checklist Item | Item Verified (Circle One) | Remarks |
|-----------|---------------------------------|-------------------------------|---------|
| 25 | No credit values exist in DIFS. | YES NO N/A | |
| Section | on 4: Summary Financial Review | | |
| 26 | Payment schedule reviewed | YES NO N/A | |
| 27 | FMS review data prepared | YES NO N/A | |

LOA Document Revision

As a result of this review, the following LOA document revision information applies:

| A new modification was prepared | YES NO N/A | If YES, cite mod # |
|---------------------------------|------------|--------------------------|
| A new amendment was prepared | YES NO N/A | If YES, cite amendment # |

Verification

| I certify that the above information is true and correct, to the bes | st of my knowledge: |
|--|-----------------------|
| Reviewer Signature | Date Review Completed |
| Attachments List each separately, as applicable | |
| | |

Distribution

FMS case file (mandatory repository) Other (list separately, as applicable)

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