

SOX CSA Assessment Questions, Risks, Policies and Procedures

Account Management		
Question	Risk	Policy/Procedure
1. Are budgets reviewed against actual expenses to ensure that the department is on target with the budget?	A department goes over what they budgeted for therefore leaving no money for other needed projects or expenses.	
2. Are the level reports reviewed on a monthly basis?	If levels are not reviewed expenditures, revenues or transfers could be recorded incorrectly.	
3. Are the level reports reviewed for inappropriate charges or subcode misuse?	Improper or inappropriate usage could affect internal and external financial reporting	
4. Are level reports distributed to those who oversee the account?	Expenses are included on the account that should not be.	
5. If a shadow system is maintained, is it reconciled on a monthly basis to the level reports?	Issues can arise where the shadow system may contain inaccurate data if the level reports are not reconciled.	
6. Is FIS/CSSD notified each time an employee leaves or job description is changed where access to University computer systems, e.g. PRISM, PeopleSoft, Panther Buy, Advance etc. is no longer required?	An employee may have unauthorized access based on new job duties or a terminated employee may continue to have unauthorized access to University accounting systems.	
7. Are departmental records/documents retained in accordance with the Financial Records Retention Schedule?	Failure to maintain documents for the appropriate period of time could result in lack of supporting documentation for disputed expenditures and/or noncompliance with federal or state retention requirements.	Record Retention Requirements

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Payroll		
Question	Risk	Policy/Procedure
1. Is there an individual within the area that reviews the monthly labor distribution reports (LDRs) to ensure that only departmental employees are paid, paid the proper amount, and from the correct accounts?	Payroll charges for an employee from another department may be inadvertently charged or a scheme to pay “ghost” employees may go undetected.	
2. Are employment events such as new hires, transfers, leaves and terminations processed wither via PittSource or Employee Records (ERs) in a timely manner, and approved by the appropriate level of authority, i.e., dean, director, department head or designee in a timely manner in order to prevent wage payment errors?	Inappropriate salary raises may be processed; potential exists for putting “ghost” employees on the payroll.	
3. Is there proper segregation of duties between payroll-related functions (i.e. check distribution, ER changes, LDR review)?	If one individual is responsible for all payroll functions, there is a higher risk of payroll fraud to occur or errors to go undetected.	
4. Are ERs validated to appointment forms or employment offers for new hires?	Errors will result in incorrect salary allocation and may impact research accounts.	
5. Are updated SPAR forms validated to the marked up original submitted to Financial Records Services?	Errors will result in incorrect salary allocation and may impact research accounts.	
6. Are all requests for supplemental pay, along with compensatory time and overtime, reviewed and approved at an appropriate level prior to being processed and disbursed?	Inappropriate or excessive supplemental/ overtime payments may occur.	Supplemental Payment Requests for Staff Employees (Policy 07-09-02) Time Records/Attendance/Overtime and Compensatory Time (Policy 07-04-01)
7. Is all personally-identifiable payroll information kept in a secure location with limited access?	Lack of understanding of timekeeping requirements, and/or periodic review and approval could result in incorrect vacation/sick day accruals or incorrect calculation of compensatory/overtime pay.	Records/Attendance/Overtime and Compensatory Time (Policy 07-04-01)

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8. Do supervisors who approve time records of staff in PRISM TRKS have direct knowledge of time taken off by the staff members?		
9. Is sharing of passwords to access PRISM TRKS to approve time records prohibited and proper work flows established to ensure that alternative approvers are in place in the event of supervisor absences?		

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Purchasing and Expenditures		
Question	Risk	Policy/Procedure
1. Are duties separated so that sole responsibility for requesting a purchase, approving a purchase, receiving a purchase, and accounting for a purchase are held by different individuals?	Higher likelihood that a fraudulent purchase may occur if purchase cycle is controlled by one person.	
2. Are purchase orders, receiving documents and invoices compared to ensure the accuracy of the payment amount?	The University may be charged above the purchase order price. Best practices dictate that invoices should be compared to the purchase order to ensure the price charged is the official price to which a formal agreement was made on behalf of the University.	
3. Are personal purchases prohibited by the department?	Personal purchases made and inadvertently or intentionally not reimbursed results in misappropriation of University funds.	Department Purchasing Authority and Responsibilities (Policy 05-02-05)
4. Are all purchase requisitions and disbursement requests properly reviewed and approved at the proper level of authority? Indicate at what level of authority are purchase documents and disbursement requests approved.	Inappropriate purchases or charges to the wrong account may occur due to lack of proper review and approval of disbursement document.	Disbursement Request (Policy 05-06-03)
5. Are disbursement documents reviewed by the preparer and approver to ensure that the appropriate subcode(s) are being utilized?	Wrong subcode usage can affect University financial reporting.	
6. Are University contracted suppliers (via Internet Procurement or otherwise) used for purchases of goods or services?	Purchaser may not receive the best price, quality and delivery if a University contracted supplier is not used.	Department Purchasing Authority and Responsibilities (Policy 05-02-05) Required Use of Contracted Suppliers (Policy 05-02-15)

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Purchasing and Expenditures		
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7. If a University contracted supplier is not available for the product or service being purchased under \$10,000 are at least three potential suppliers identified and is one selected based on the best quote for price and other applicable attributes such as customer service, product quality, etc.?	Purchaser may not receive the best price, quality and delivery if a University contracted supplier is not used.	Department Purchasing Authority and Responsibilities (Policy 05-02-05)
8. Are all purchase transactions in the amount of \$10,000 or more approved by the Purchasing Department?	Purchases are made without the knowledge of the supervisor and commitments made on behalf of the University are made by an unauthorized University purchasing agent.	Department Purchasing Authority and Responsibilities (Policy 05-02-05)
9. If a University contracted supplier is not available for the purchase of goods or services costing \$10,000 or more, are the requirements of Policy 05-02-16- Competitive Bidding followed?	Purchaser may not receive the best price, quality and delivery terms.	Competitive Bidding (Policy 05-02-16)
10. If only one supplier is available for the product or service required, is a directed/sole source justification form along with supporting documentation completed and forwarded to the Purchasing Department for review and approval?	The best price and the highest quality of goods and services may not be obtained because the purchase was not competitively bid and University funds are not spent in the most efficient manner.	Directed or Sole Source Purchase Justification (Policy 05-02-17)

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Travel, Business, Honoraria, and Misc. Expense		
Question	Risk	Policy/Procedure
1. Is the person completing the T&B and the approver knowledgeable of the University's T&B expense reporting policy?	Lack of knowledge or the T&B policy may result in improper expense items being reimbursed, improper approvals, inaccurate T&Bs, etc.	University Travel, Business Entertainment, Honoraria, and Miscellaneous Reimbursable Expenses (Policy 05-07-01)
2. Are only expenses that have been incurred in connection with University business reimbursed?	There is a likelihood that personal expenses may be reimbursed.	University Travel, Business Entertainment, Honoraria, and Miscellaneous Reimbursable Expenses (Policy 05-07-01)
3. Are all expenses (except for meals less than or equal to the per diem rate) supported by original receipts?	Potential risk for T&B fraud by altering receipts to support false expenses.	
4. Are the expenses submitted for reimbursement after the trip has occurred?		
5. Are expenses reviewed to ensure that travel reimbursements are not duplicated? For example, expenses paid for by the travel card are reimbursed only after the expense appears in the travel account (within CONCUR).	Are expenses reviewed to ensure that travel reimbursements are not duplicated? For example, expenses paid for by the travel card are reimbursed only after the expense appears in the travel account (within CONCUR).	

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Procurement Cards (P-Cards)		
Question	Risk	Policy/Procedure
1. Does the department or unit have active P-Card(s)? If yes, answer the following questions.		
2. Did all P-Card holders attend training on P-Card usage? If yes, date, attendance and who provided the training.	Unaware of policy – usage and record retention.	Procurement Card (Policy 05-02-12)
3. Is access to the P-Card limited to the cardholder?	Unauthorized purchases, loss, or theft of card or card number.	Procurement Card (Policy 05-02-12)
4. Do all charges to the P-Card adhere to the restrictions outlined in the P-Card policy?	Inappropriate charges could result in theft of University resources, violation of regulatory rules, and activity strictly prohibited by the University.	Procurement Card (Policy 05-02-12)
5. Are P-Card purchases void of sales tax?	University is tax-exempt and charging of sales tax unduly increases expenditures.	
6. Is a record of all purchases made (such as a log) for tracking and reconciliation purposes?	Unable to keep track of purchases, especially on high volume usage cards.	
7. Are purchase receipts or other necessary documents (i.e. packing slips, web notifications, etc.) retained for all charges?	Inappropriate purchases could go undetected, cannot validate amount/units purchased, cannot perform monthly reconciliation to statement.	Procurement Card (Policy 05-02-12)
8. Are receipts and other supporting documentation reconciled to the monthly statements for accuracy of charges?	Unidentified unauthorized purchases, errors on statement, unidentified theft of card information, erroneous sales tax charges.	Procurement Card (Policy 05-02-12)

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Procurement Cards (P-Cards)		
Question	Risk	Policy/Procedure
9. Does someone other than the card user and custodian (with departmental oversight and program knowledge) review the statements and receipts on a monthly basis to ensure the appropriateness of the charges?	No independent review can lead to unidentified unauthorized purchases, errors on statement, unidentified theft of card information, erroneous sales tax charges.	
10. Does the departmental administrator periodically evaluate cardholder transaction and monthly limits to purchase volume for reasonableness?	If card is violated, losses can be of greater significance.	
11. Are records maintained for seven years or the length of the grant, if research funds are being used?	Not having support if audited by an outside entity.	Procurement Card (Policy 05-02-12)
12. Are charges transferred to appropriate subcodes or accounts on a monthly basis, as appropriate?	Improper financial reporting.	

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Restricted Accounts/Gifts		
Question	Risk	Policy/Procedure
1. Does the department maintain any restricted (Entity 04) accounts?		
2. Is gift income received (e.g., cash, checks, securities, non-cash donations, etc.) forwarded to the Office of Institutional Advancement and/or the Office of Finance for deposit and/or processing?	Donors may not receive the appropriate acknowledgement/recognition and tax receipts for tax purposes. Gift revenue may not be deposited into the proper restricted account.	Cash Reports (Policy 05-06-02) Non-Cash Gifts (Policy 03-01-01)
3. Is supporting documentation for gifts/endowments received (e.g., letters from donors, memo indicating deposit account and purpose of gift) forwarded to the Office of Institutional Advancement along with the gifts?	The University's donor database may be incomplete and deposited into an account not properly restricted for the donor's intended use of the funds.	Cash Reports (Policy 05-06-02)
4. For quid pro quo contributions (partly a gift and partly a payment for goods and services over \$75), are donors provided with the appropriate written statement indicating their deductible contribution and the fair market value of the goods/services received?	Donors may not receive the appropriate tax receipts for tax purposes. University may violate IRS reporting regulations.	
5. Does the department verify that funds received are gifts and not funds for sponsored research in accordance with University Financial Guidelines on Accounting for Sponsored Projects versus Gifts?	May result in failure to provide financial and other technical reports to the sponsor, failure to periodically invoice and collect future revenue, having inappropriate award documents, and incorrect internal and external financial reporting.	Financial Guideline – Accounting for Sponsored Projects vs. Gifts

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Restricted Accounts/Gifts		
Question	Risk	Policy/Procedure
6. Is General Accounting consulted to determine if an individual restricted entity 04 account should be created for significant gifts received with specific donor restrictions?	Failure to properly restrict gifts could result in spending of gift funds not in accordance with donor wishes ultimately resulting in legal issues with the donor and negative publicity for the University thus having a negative impact on future donations.	
7. If a gift was received with donor restrictions that does not warrant its own restricted account, was it deposited into a general departmental entity 04 account and properly tracked (e.g. by reference codes) to ensure that spending is in accordance with donor wishes?	Failure to properly restrict gifts could result in spending of gift funds not in accordance with donor wishes ultimately resulting in possible legal issues with the donor and/or negative publicity for the University thus having a negative impact on future donations.	
8. Are Fund Data Sheets or account creation forms maintained for all gifts or endowed funds and compared to the source documents on which they are based (e.g. donor letter, endowment agreement, will, etc.) to ensure that donor restrictions are properly stated, and are individuals responsible for department accounts familiar with the donor/account restrictions per the Fund Data Sheets?	Funds may not be used in accordance with donor wishes if there are no Fund Data Sheets maintained and reviewed or outdated Fund Data Sheets exist.	
9. Are gifts and endowed fund expenditures reviewed for compliance with the terms and conditions stated in the Fund Data Sheets and award letter?	Failure to properly restrict gifts could result in spending of gift funds not in accordance with donor wishes ultimately resulting in possible legal issues with the donor and/or negative publicity for the University thus having a negative impact on future donations.	

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Cash Receipts		
Question	Risk	Policy/Procedure
1. Does the department/unit collect cash, checks, and/or credit card payments?		
2. Are cash receipts (cash, checks, credit cards) logged daily?	Cash received may not be deposited.	
3. Are checks endorsed "For Deposit Only Payable to University of Pittsburgh" immediately upon receipt?	Higher potential for checks being stolen.	Processing and Endorsement of Checks (Policy 05-06-04) Cash Reports (Policy 05-06-02)
4. Does your department directly deposit cash receipts at the bank? If so, is the bank account authorized by the Office of Finance?	Bank accounts will be maintained without the knowledge of the Treasury Department and thus not monitored/accounted for appropriately.	Cash Reports (Policy 05-06-02)
5. For direct deposits, are the employees escorted to the bank by Campus Police and is a locked cash bag used in transporting deposits to the bank?	Theft and/or misappropriation of the cash receipts are more readily perpetuated.	Cash Reports (Policy 05-06-02)
6. Is cash and credit card information stored in a safe or other secure location until delivered to the Student Payment Center or deposited in the bank?	There is a higher likelihood that cash could be lost or stolen if left unsecured. Credit card information of customers is obtained/stolen by unauthorized individuals.	
7. Is access to cash receipts and credit card information restricted to those whose job responsibilities require the access?	Cash receipts and credit card information may be misappropriated.	
8. Are cash receipts over \$250 deposited within one business day or weekly regardless of amount (in a timely manner)?	There is a higher likelihood of cash receipts being lost or stolen if not processed in a timely manner. Revenue is not recognized or recognized in the wrong time period.	Cash Reports (Policy 05-06-02)
9. If a cash register is used, is cash counted and verified when cashiers receive the cash drawers?	Cash overages and shortages are not identified and investigated promptly.	

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Cash Receipts		
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10. If a cash register is used, does only one individual have access to a cash drawer during a shift?	Access by more than the individual responsible for their cash drawer could lead to fraud/theft unbeknownst to the responsible party.	
11. If a cash register is used, are cash register summary tapes reconciled to cash counts at the end of a shift?	Out-of-balance cash registers (over/short) will not be investigated and corrected in a timely manner.	
12. If a cash register is used, are cash register summary tapes reconciled by a supervisor independent of cash collection?	Out-of-balance condition or shortage through theft may remain undetected.	
13. Are cash handling, recording, and reconciliation performed by different personnel?	When duties are not segregated, there is a higher likelihood of for misappropriation of assets.	
14. Are cash reconciliations reviewed by management?	Unreconciled differences may go undetected or uninvestigated, leading to misstatement and/or misappropriation of cash receipts.	
15. Are cash shortages identified and investigated immediately by persons independent of the collection and recording functions?	Cash may be stolen and/or misappropriated if cash shortages are not investigated.	
16. Is review of the receipts/revenues performed by a supervisor to ensure that the receipts are reasonable based on volume and activity?	Fraud and/or misappropriation may go undetected.	
17. Are refunds or voids reviewed by a supervisor independent of the cash handling and recording functions?	False refunds and/or voids may go undetected if not appropriately reviewed by a supervisor.	

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Petty Cash		
Question	Risk	Policy/Procedure
1. Does the department/unit maintain a petty cash fund(s)?		
2. Were petty cash funds established through the University (authorized by Director of General Accounting)?	Unauthorized accounts may lead to inaccurate accounting and reporting by the University.	Petty Cash – Pittsburgh and Regional Campuses (Procedure 05-06-06)
3. Is the petty cash custodian the name on record with General Accounting?	A custodian on a petty cash account could have been terminated or retired.	Petty Cash – Pittsburgh and Regional Campuses (Procedure 05-06-06)
4. If a checking account has been established for the petty cash fund, is the account in the name of the University and authorized by the Office of Finance?	Unauthorized petty cash accounts could lead to inappropriate reporting/misstatement.	Petty Cash – Pittsburgh and Regional Campuses (Procedure 05-06-06)
5. Is the bank statement for the checking account reconciled monthly?	Unreconciled differences could go undetected and uninvestigated.	Petty Cash – Pittsburgh and Regional Campuses (Procedure 05-06-06)
6. Is the departmental petty cash fund physically stored in secure manner accessible only to custodian and designate?	Unsecured Petty Cash could result in theft.	Petty Cash – Pittsburgh and Regional Campuses (Procedure 05-06-06)
7. Does more than one person have access to the petty cash?	If persons other than the custodian have access to the petty cash, segregation of duties may be affected and thefts go undetected.	
8. Are employees prohibited from using money from the Petty Cash Fund for any of the following: Personal expenses, cashing personal checks, loans or advances?	Reimbursements could be made for unallowable use of petty cash or false transactions.	Petty Cash – Pittsburgh and Regional Campuses (Policy 05-06-06)
9. Is cash from sources other than the University Accounts Payable deposited into the fund?	Outside cash receipts deposited into the petty cash will lead to misstatement and reporting of cash receipts/revenue to the Cashier's office.	Petty Cash – Pittsburgh and Regional Campuses (Policy 05-06-06)

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Petty Cash		
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10. Is replenishment done via accounts payable voucher with receipts attached?	Replenishment without documentation could lead to misuse of the petty cash account.	Petty Cash – Pittsburgh and Regional Campuses (Policy 05-06-06) Petty Cash – Pittsburgh and Regional Campuses (Procedure 05-06-06)
11. Are receipts required for all reimbursements?	Reimbursements without supporting documentation could lead to unallowable use of petty cash or false purchases.	Petty Cash – Pittsburgh and Regional Campuses (Policy 05-06-06)
12. Is the fund replenished at least monthly to the authorized amount?	If the fund is not replenished monthly, there is a risk that it is not being reconciled and vouchers are not being submitted to AP.	Petty Cash – Pittsburgh and Regional Campuses (Policy 05-06-06)
13. Is the departmental petty cash fund reconciled monthly to ensure that cash on hand plus paid receipts equal the amount of the fund?	Theft and/or misappropriation of assets will be more likely to occur. Reconciliation is a very effective deterrent.	Petty Cash – Pittsburgh and Regional Campuses (Procedure 05-06-06)
14. Is the departmental petty cash fund reconciliation reviewed by the petty cash custodian's supervisor?	Out-of-balance situations could go undetected or uninvestigated leading to fraud/misappropriation.	Petty Cash – Pittsburgh and Regional Campuses (Procedure 05-06-06)
15. Have inactive petty cash accounts been closed or imprest balances been reduced due to inactivity?	Inactive petty cash accounts could lead to inappropriate or unauthorized activity.	
16. Are periodic unannounced cash counts performed by a supervisor with no custodial responsibilities and are all surprise counts documented?	An individual independent of the custody of assets should count cash to avoid segregation of duties issues.	Petty Cash – Pittsburgh and Regional Campuses (Procedure 05-06-06)

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Capital Assets		
Question	Risk	Policy/Procedure
1. Does the department/unit maintain any capital assets, i.e., fixed or movable assets with a unit acquisition cost of \$5000 or greater and a useful life of at least 2 years?		Capital Asset Accounting (Policy 05-10-01)
2. Are appropriate forms completed for purchased or donated assets and forwarded to Financial Records Services (FRS)?	Fixed asset additions not promptly recorded will thus not be depreciated appropriately.	Capital Asset Accounting (Policy 05-10-01)
3. Are accurate descriptions of acquired capital equipment provided for FRS to determine the proper coding in INSITE?	Capital equipment with improper coding may be depreciated incorrectly.	Capital Asset Accounting (Policy 05-10-01)
4. Does all University capital equipment have an asset tag that is easily visible?	During inventory, items without tags or readily accessible asset tags may be overlooked and not included in the inventory.	Capital Asset Accounting (Policy 05-10-01)
5. Are inventory reports (generated by Financial Records Services) verified by the Asset Liaison Coordinator every 2 years?	Fixed asset inventory is not appropriately stated on financial statements.	Capital Asset Accounting (Policy 05-10-01)
6. Is a reconciliation and approval of the department's capital asset inventory report performed by the Asset Liaison coordinator?	Inadequate segregation of these duties could lead to misstatement, fraud, or misappropriation of capital assets.	Capital Asset Accounting (Policy 05-10-01)
7. Are all present capital items reported during inventory, regardless of whether or not those items are listed on the inventory report supplied by FRS?	An accurate assessment of the fixed assets cannot be obtained if all items are not accounted for during inventory.	
8. . Is capital equipment used off-premises tracked by proper documentation/form?	If capital equipment off-premises is not adequately tracked and documented, there is a strong chance that they will not be included in physical inventory and thus assets will be understated.	Capital Asset Accounting (Policy 05-10-01)

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Capital Assets		
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9. Is the Financial Records Services department notified when a capital asset is moved and/or transferred?	Recordkeeping may be incorrect if transfers are perpetuated without notifying the Finance department.	Capital Asset Accounting (Policy 05-10-01)
10. Are appropriate forms completed for retirement of assets and subsequently forwarded to Financial Records Services?	Inaccurate accounting records due to lack of reporting of retirements.	Capital Asset Accounting (Policy 05-10-01)
11. Is stolen or missing equipment reported to campus police immediately upon learning that the item is missing?	Missing items may not be recovered if not recorded promptly.	Capital Asset Accounting (Policy 05-10-01)

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Sponsored Projects		
Question	Risk	Policy/Procedure
1. Does the department/unit maintain sponsored project (Entity 05) accounts?		
2. Are checks for sponsored projects received by the department sent to Research and Cost Accounting for processing?		
3. Are level reports and/or shadow system reports distributed to Principal Investigators (PIs) monthly with the understanding that they are to be reviewed by the PI to verify that grant charges are appropriate?	PIs are ultimately responsible for the charges on their sponsored project accounts and must ensure that such charges are consistent with what is stated in the notice of grant award and what is allowable per Uniform Guidance for federal grants. Lack of reporting or inaccurate reporting may cause the PI not be aware of the fiscal activity on or the fiscal position of their grants.	Rights, Roles, and Responsibilities of Sponsored Research Investigators (Policy 11-01-02)
4. If the department uses a shadow system, are system reports reconciled by the business manager or grants administrator monthly to the level reports to ensure that system reports are accurate?	PIs are ultimately responsible for the charges on their sponsored project accounts and must ensure that such charges are consistent with what is stated in the notice of grant award and what is allowable per Uniform Guidance for federal grants. Lack of reporting or inaccurate reporting may cause the PI not be aware of the fiscal activity on or the fiscal position of their grants.	Rights, Roles, and Responsibilities of Sponsored Research Investigators (Policy 11-01-02)
5. Are Salaried Personnel Activity Reports (SPARs) certified for each period of performance (academic period) by the PI, actual employee, or the individual most knowledgeable of how the employee's time is spent for all employees working on research grants to ensure that salary charges are allowable, allocable,	Failure to certify would result in noncompliance with the certification requirements under Uniform Guidance.	Sponsored Projects – Effort Reporting/Certification (Policy 11-01-07)

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Sponsored Projects		
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<p>and reasonable on research grants to ensure that salary charges are allowable, allocable, and reasonable?</p>		
<p>6. Are all corrections to effort distributions performed within 90 days from the end of the period of performance (academic period) or, if beyond the 90 day limit, supported by a >90 day exception form? Please describe the process in the space provided.</p>	<p>Failure to make changes as actual effort changes will result in inappropriate charging of sponsored projects for work unrelated to the grant. Untimely changes to SPARs could indicate that the validity of the change in effort is questionable. Corrections not made within 90 days in violation of the NIH Grants Policy Statement and University Financial Guidelines on Effort Reporting.</p>	<p>Sponsored Projects – Effort Reporting/Certification (Policy 11-01-07)</p>
<p>7. Are administrative salaries, general office supplies, postage, and local telephone costs not directly charged to federal grants? (Note: direct charging of such costs may be permissible only if the project is a major project/activity as defined by Uniform Guidance, such costs are specifically budgeted for, and individuals can be specifically identified to that major project/activity)</p>	<p>Departments may be over charging the federal government since administrative salaries, general office supplies, postage and local telephone costs and equipment are normally recovered through indirect cost rate. Uniform Guidance states that such costs are normally treated as indirect costs.</p>	<p>Financial Guideline – Direct Charging Practices</p>
<p>8. Are level reports reviewed monthly so that cost transfers are processed within 90 days of discovering an error?</p>	<p>Untimely cost transfers could be an indication of poor fiscal review procedures and could cause questions regarding the validity of such transfers by federal or internal auditors. Untimely transfers are in violation of the NIH Grants Policy Statement.</p>	<p>Financial Guideline – Cost Transfers</p>

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Sponsored Projects		
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9. Are cost transfers fully documented and explained, and approved by someone with financial/administrative responsibility, other than the preparer, who has direct knowledge of the transfer being made?	Poorly documented cost transfers could put into question whether such transfers are valid and may be deemed unallowable by federal or internal auditors.	Financial Guideline – Cost Transfers
10. Are cost transfers primarily done to correct accounting/clerical errors, reallocate resources between accounts for reasons other than covering an over/under expenditure of budget costs, transfer expenditures held in departmental expense until final accounting is determined, and retroactively adjust salary costs between projects to reflect an individual's actual effort on projects?	Frequent/infrequent cost transfers could indicate problems with a department's grants management/budgeting procedures or a lack of communication between Principal Investigators and Grants Administrators.	Financial Guideline – Cost Transfers
11. Is someone responsible for reviewing monthly overdraft reports and resolving any overdrafts within 90 days of such occurrence?	Significant/numerous overdrafts could indicate budgeting issues or expenditure activity that is not properly monitored.	
12. Are all subcontracts supported by a proposed budget and properly executed University agreement?	The lack of a detailed written agreement is in violation of the consortium agreement rules of the NIH Grants Policy Statement.	
13. Are subcontractor invoices reviewed and compared to the approved budget to ensure that costs are reasonable and allocable, and being spent according to budget?	Expenses may be incurred that are not reasonable, allowable, or necessary for the project and the University may be responsible for absorbing the costs if the federal auditor deems them to be unallowable. Sub contracted work may not be performed in accordance with the statement of work.	
14. Are allowable grant funded equipment purchases processed through University Purchasing?	If purchases are not processed through University procurement procedures,	Required Use of Contracted Suppliers (Policy 05-02-15)

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Sponsored Projects		
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15. Is program income for federal grants accounted for in the specific entity 05 account, and is it used to provide additional support for the program objectives?	<p>departments may not be receiving the overall best value for purchased goods and services.</p> <p>Program income may be diverted to other University accounts and used for non-program related purposes.</p>	Program Income (Policy 11-01-05)

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Conflict of Interest Reporting		
Question	Risk	Policy/Procedure
1. Are Conflict of Interest (COI) forms completed for faculty and/or staff within the department/unit?		
2. Are COI forms completed by all faculty members/staff researchers that direct or materially influence research or are responsible for the design, conduct, or reporting of research?	Potential conflicts of interest may go undetected. The integrity and/or disclosure of research may be affected. The University may not be in compliance with federal conflict of interest disclosure requirements. The lack of disclosure or unresolved disclosures may adversely affect the University's reputation.	Conflict of Interest Policy for Faculty, Scholars, Researchers, Research Staff/Coordinators (Policy 11-01-03)
3. Are COI forms completed by all designated staff/administrators (i.e., those Administrator IV and above; those who can make, direct, or materially influence University business decisions; and/or those who have purchasing authority including P-Card purchases)?	Potential conflicts of interest may go undetected. The integrity and/or disclosure of research may be affected. The University may not be in compliance with federal conflict of interest disclosure requirements. Ultimately, a conflict of interest issue not properly managed/mitigated may adversely affect the University's reputation.	Conflict of Interest for Designated Administrators and Staff (Policy 07-05-02)
4. Are COI forms completed on an annual basis and when new outside interests create a real or perceived conflict of interest?	COI forms may not reflect the most current related interests of the faculty and staff therefore potential conflicts of interest may go undetected or not be properly managed.	Conflict of Interest Policy for Faculty, Scholars, Researchers, Research Staff/Coordinators (Policy 11-01-03) Conflict of Interest for Designated Administrators and Staff (Policy 07-05-02)
5. Are COI forms completed and signed by the employee and provided to the employee's immediate supervisor for signature?	Potential conflicts of interest may go undetected. The integrity and/or disclosure of research may be affected. The University may not be in compliance with federal conflict of interest disclosure requirements. Ultimately, a conflict of interest issue not properly	Conflict of Interest Policy for Faculty, Scholars, Researchers, Research Staff/Coordinators (Policy 11-01-03) Conflict of Interest for Designated Administrators and Staff (Policy 07-05-02)

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Conflict of Interest Reporting		
Question	Risk	Policy/Procedure
6. Does the employee's immediate supervisor (e.g., next level supervisor, dean, department chair, etc.) adequately investigate and resolve all disclosures?	<p>managed/mitigated may adversely affect the University's reputation.</p> <p>Potential conflicts of interest may go undetected. The integrity and/or disclosure of research may be affected. The University may not be in compliance with federal conflict of interest disclosure requirements. Ultimately, a conflict of interest issue not properly managed/mitigated may adversely affect the University's reputation.</p>	<p>Conflict of Interest Policy for Faculty, Scholars, Researchers, Research Staff/Coordinators (Policy 11-01-03)</p> <p>Conflict of Interest for Designated Administrators and Staff (Policy 07-05-02)</p>
7. Does the department chair/dean complete a Management Reporting form for all faculty/researchers/staff members who disclose outside interests on the faculty/researcher form?	<p>Potential conflicts of interest may go undetected. The integrity and/or disclosure of research may be affected. The University may not be in compliance with federal conflict of interest disclosure requirements. Ultimately, a conflict of interest issue not properly managed/mitigated may adversely affect the University's reputation.</p>	<p>Conflict of Interest Policy for Faculty, Scholars, Researchers, Research Staff/Coordinators (Policy 11-01-03)</p>
8. Are the appropriate individuals (e.g., superiors, Chair of the Conflict of Interest Committee) notified by department chairs/deans of conflict of interest disclosures?	<p>Potential conflicts of interest may go undetected. The integrity and/or disclosure of research may be affected. The University may not be in compliance with federal conflict of interest disclosure requirements. Ultimately, a conflict of interest issue not properly managed/mitigated may adversely affect the University's reputation.</p>	<p>Conflict of Interest Policy for Faculty, Scholars, Researchers, Research Staff/Coordinators (Policy 11-01-03)</p> <p>Conflict of Interest for Designated Administrators and Staff (Policy 07-05-02)</p>

SOX CSA Assessment Questions, Risks, Policies and Procedures

Conflict of Interest Reporting		
Question	Risk	Policy/Procedure
9. Are COI forms completed and signed by faculty/staff submitted to the appropriate supervisor for signature by April 15th?	By not abiding by the deadline, COI forms may not reflect current information and may not be submitted on an annual basis as required by policy.	Conflict of Interest Policy for Faculty, Scholars, Researchers, Research Staff/Coordinators (Policy 11-01-03)
10. Are signed forms maintained on file in the department?	Lack of documentary evidence that COI form was properly reviewed and approved.	Conflict of Interest Policy for Faculty, Scholars, Researchers, Research Staff/Coordinators (Policy 11-01-03)
11. Does the department maintain a current list of all individuals required to complete COI forms, use the list to track completion of the forms and periodically follow-up with employees who have not submitted the forms on a timely basis?	Not maintaining a list of employees required to complete a COI form could be indicative that the department does not monitor completion of the forms to ensure that all employees required to complete the COI have done so on an annual basis and within the deadline. This could result in non-reporting of conflicts and violating University COI reporting policies.	

SOX CSA Assessment Questions, Risks, Policies and Procedures

Sensitive Information		
Question	Risk	Policy/Procedure
1. Does the department/area collect sensitive information? Sensitive information includes credit card numbers, bank account information, personal health information, social security numbers, birth date, etc.		
2. Does the department/area have a documented Customer Information Security Plan (CISP) that has been submitted to the University's Customer Information Security Officer?	Without a security plan, sensitive information may be at risk of theft which could result in identity theft.	Customer Information Security Plan Memo
3. Is sensitive information that is stored electronically on media devices (i.e., desktop computers, laptops, servers, portable drives) adequately secured and continuously monitored for breach vulnerabilities by the department/area Information Technology (IT) specialist?	Sensitive information stored on electronic devices not properly secured or with weak passwords, outdated anti-virus software, etc. is more vulnerable to loss or theft which could result in identity theft.	CSSD Security Guidelines
4. Is sensitive information that is stored in hardcopy form kept in a locked file, drawer or container?	Easy accessibility to sensitive information creates a higher risk for identity theft.	
5. Is sensitive information retained and disposed of in accordance with the department CISP?	The longer sensitive information is retained (not properly disposed) there is a higher risk of theft.	Record Retention Schedule
6. Is access to sensitive information limited only to those employees who work regularly with collecting and processing such information?	With easy access to sensitive information there is a higher risk for identity theft.	

SOX CSA Assessment Questions, Risks, Policies and Procedures

Compliance – Software		
Question	Risk	Policy/Procedure
1. Does the department/unit maintain its own desktop computers and software? If no, indicate whether CSSD or FIS maintains the department's computers and software.		
2. Does the department maintain a list of all the licensed software installed on the computers?	Maintaining unlicensed software on University computers is illegal and can subject the University to fines and/or penalties.	
3. Does your department have a process in place to ensure that illegal or unlicensed software is not on a University computer? Please explain the process to ensure that illegal or unlicensed software is not on a University computer.	Maintaining unlicensed software on University computers is illegal and can subject the University to fines and/or penalties.	
4. Does the department periodically educate faculty/staff/students as to what is permitted to be loaded on to University-owned computers? If yes, date, attendance and who provided the training.	Maintaining unlicensed software on University computers is illegal and can subject the University to fines and/or penalties.	

SOX CSA Assessment Questions, Risks, Policies and Procedures

WePay		
Question	Risk	Policy/Procedure
1. Does the department issue research study participant payments using WePay cards?	University of Pittsburgh and UPMC policy dictates that WePay is the preferred payment method used by both organizations to compensate study participants or reimburse them for study related expenses in order to reduce the risk of fraud.	
2. Are WePay cards used only for payments to research participants to compensate them for their time or reimbursement for expenses such as parking, transportation or meals?	University of Pittsburgh and UPMC policy dictates that WePay is the preferred payment method used by both organizations to compensate study participants or reimburse them for study related expenses in order to reduce the risk of fraud.	
3. Is each WePay user familiar with the requirements of the University's WePay Policy 05-11-01 and the WePay User Manual?		WePay Stored Value Card (Policy 05-11-01)
4. Does each WePay user maintain their unloaded cash card inventory in a locked facility?	Unsecured WePay cards can be stolen and used for fraudulent transactions.	WePay Stored Value Card (Policy 05-11-01)
5. Do WePay administrators ensure that the number of unloaded WePay cards in their physical possession agrees to WePay cards owned as recorded in the WePay system, with any discrepancies immediately resolved? Document how often this procedure is performed.	Stolen WePay cards can be used for fraudulent transactions.	WePay Stored Value Card (Policy 05-11-01)
6. Are WePay cards always delivered and accepted in person? If delivery to offsite locations is necessary, only a courier with tracking capabilities (such as FedEx) is permitted.	Delivery in person or signature required mail are proven methods to assist in preventing fraud losses.	WePay Stored Value Card (Policy 05-11-01)

SOX CSA Assessment Questions, Risks, Policies and Procedures

WePay		
Question	Risk	Policy/Procedure
7. If WePay cards are lost, stolen, or damaged are they immediately disabled in the WePay system?	Re-issuing WePay cards to recipients that have been reported lost or stolen but not disabled increases the risk of paying the same recipient twice and exposing the University to misappropriating government funds.	WePay Stored Value Card (Policy 05-11-01)
8. Are WePay administrative and payment issuing roles established within the department or research unit to ensure that proper segregation of duties exist between setting-up projects and card loading? Document a general description of assigned roles in the department.	Lack of segregation of duties between WePay administration and card loading roles increases the risk of errors and irregularities.	WePay Stored Value Card (Policy 05-11-01)
9. Do staff assigned the WePay Administrator role ensure that WePay activity is reconciled to the monthly level reports as described in the WePay User Guide? Document who performs this function and how it is performed.	Lack of reconciling WePay activity to level reports may result in errors or irregularities not detected in a timely manner.	WePay Stored Value Card (Policy 05-11-01)
10. Are procedures in place to ensure that research study payments and total payment limits loaded into WePay for each project are in agreement with the appropriate award documents (i.e., award letter, approved grant budget). Document who performs this administrative function and how it is performed.	Non-compliance with award rules and limits could result in excess payments to research study participants, resulting in unallowable costs.	WePay Stored Value Card (Policy 05-11-01)
11. Does a departmental fiscal administrator, or grants administrator, or project PI periodically review payments made vs. budget? Document who performs the function and how it is performed.	Non-compliance with award rules and limits could result in excess payments to research study participants, resulting in unallowable costs.	WePay Stored Value Card (Policy 05-11-01)

SOX CSA Assessment Questions, Risks, Policies and Procedures

WePay		
Question	Risk	Policy/Procedure
12. Does each employee assigned the WePay Administrator role monitor cash card activity and unloaded card inventory as prescribed in the University's WePay Policy? Document who performs this function and how it is performed.	Lack of monitoring WePay activity may result in errors or irregularities not detected in a timely manner.	WePay Stored Value Card (Policy 05-11-01)

SOX CSA Assessment Questions, Risks, Policies and Procedures

Travel Card		
Question	Risk	Policy/Procedure
1. Does the department or unit have active Travel Card(s)? If yes, answer the following questions.		
2. Have all Travel Card holders attend Travel Card training?	Unaware of policy - Usage and record retention	Travel Card (Policy 05-07-04)
3. Is access to the Travel Card limited to the cardholder?	Unauthorized purchases, loss, or theft of card or card number.	Travel Card (Policy 05-07-04)
4. Do all charges adhere to the restrictions outlined in the Travel Card policy and the University Travel, Business Entertainment, Honoraria, and Miscellaneous Reimbursable Expenses policy?	Inappropriate charges could result in theft of University resources, violation of regulatory rules, and activity strictly prohibited by the University.	University Travel, Business Entertainment, Honoraria, and Miscellaneous Reimbursable Expenses (Policy 05-07-01)
5. Are Travel Card purchases void of sales tax?	University is tax-exempt and charging of sales tax unduly increases expenditures.	
6. Are purchase receipts or other necessary documents (i.e. Hotel invoices, web notifications, etc.) retained for all charges until the expense report is reconciled to the Department Level Reports?	Inappropriate purchases could go undetected, cannot validate amount/units purchased, cannot perform monthly reconciliation to statement.	Travel Card (Policy 05-07-04)
7. Are receipts and other supporting documentation reconciled to the monthly statements by the cardholder for accuracy of charges?	Unidentified unauthorized purchases, errors on statement, unidentified theft of card information, erroneous sales tax charges	Travel Card (Policy 05-07-04)
8. Are outstanding charges monitored by an administrator to monitor the submission of expense reports before the 90 day submission requirement?	Expense reports are not distributed to the correct department and the expenses are not reviewed in a timely manner.	Travel Card (Policy 05-07-04)

SOX CSA Assessment Questions, Risks, Policies and Procedures

Travel Card		
Question	Risk	Policy/Procedure
9. Do Travel Card approvers review the charges reported on the expense reports to validate that the expenses are legitimate University travel and business expenses?	Expenses that are not for legitimate University business should be reimbursed by the cardholder.	