

## Report in Brief

Date: November 2021

Report No. A-03-19-00501

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
**OFFICE OF INSPECTOR GENERAL**



### Why OIG Did This Audit

The Government Charge Card Abuse Prevention Act of 2012 (Charge Card Act) requires agencies to establish and maintain safeguards and internal controls for their Government charge card programs. Additionally, HHS OIG is required to conduct annual risk assessments of travel card programs to analyze the risks of illegal, improper, and erroneous purchases. The Charge Card Act also requires that OIG conduct a further review of agency programs that have been assessed as high risk.

Under the provisions of the Charge Card Act, we performed a risk assessment of HHS's charge card program for Federal fiscal year (FY) 2017 and identified the Office of Intergovernmental and External Affairs (IEA) as having a high risk of inappropriate travel card transactions.

Our objective was to determine whether IEA's travel card program complied with Federal requirements.

### How OIG Did This Audit

We reviewed travel card transactions incurred by IEA during FYs 2017 and 2018 and HHS Traveler Agreements and travel training for IEA employees who traveled during FY 2018. For FY 2017, after removing 10 transactions that were not related to IEA travel, we reviewed 25 transactions identified in the risk assessment as requiring additional review. For FY 2018, we reviewed a stratified random sample of 89 transactions.

## The Office of Intergovernmental and External Affairs Needs To Improve Internal Controls Over Its Travel Card Program

### What OIG Found

During our audit period, IEA's travel card program did not always comply with Federal requirements. Specifically, 58 of the 114 travel transactions (21 of 30 invitational travel transactions and 37 of 84 non-invitational-travel transactions) selected for review did not comply with applicable Federal requirements. The purpose of invitational travel is to allow requested individuals not employed by the Federal Government or appointed as consultants or experts to confer on Government business. IEA also did not have signed HHS Traveler Agreements for 17 of the 40 employees who had travel card activity during FY 2018. Of these 17 cardholders, 2 did not complete the required travel card training course.

These deficiencies occurred because IEA had a high staff turnover rate, and IEA's internal controls were not adequate to ensure that staff, approving officials, and travel card Program Coordinators understood and executed their responsibilities for the travel card program.

For the FY 2017 transactions that we reviewed, IEA incurred \$7,657 in invitational travel expenditures that may have constituted misuse. In addition, on the basis of our sample results, we estimate that in FY 2018 IEA and its employees may have incurred \$50,046 in travel expenditures that constituted misuse or that were otherwise unallowable.

### What OIG Recommends and IEA Comments

We made several procedural recommendations, including that IEA develop and distribute to staff a quick reference document that includes key staff responsibilities and requirements to ensure that travel card transactions comply with the Federal Travel Regulation and the HHS Travel Policy Manual. We also recommend that IEA establish an oversight program for travel transactions. The detailed recommendations are in the report.

In written comments on our draft report, IEA did not indicate concurrence or nonconcurrence with our findings and recommendations but noted specific concerns with each of our recommendations and with our FY 2018 estimate. IEA also described actions that it has taken in response to our recommendations to improve management of its travel card program. After we issued our draft report, IEA provided us with additional documentation. We modified our report as appropriate based on this additional documentation.