

verification of financial management experience

American Society of Military Comptrollers Certified Defense Financial Manager Program

415 North Alfred Street, Suite 3 • Alexandria, VA 22314 • (800) 462-5637 • (703) 549-0360 • Fax (703) 549-3181

The American Society of Military Comptrollers requests verification of financial management experience and duties that I perform(ed). I would appreciate your completion of the supervisor's section of this form and returning it to me promptly.

Candidate's Signature _____ Date _____

Candidate's Name _____

Candidate's Address _____

Supervisor's Section

Supervisor's Name _____ Title _____

Telephone Number _____

E-mail Address _____

Position Held by Candidate _____

Dates of Employment (mo/yr) _____

Brief Description of Duties _____

Position Held by Candidate _____

Dates of Employment (mo/yr) _____

Brief Description of Duties _____

If more positions are needed to document the 4-, 3- or 2-year experience required, photocopy this page and use additional experience blocks as needed. DO NOT ATTACH ADDITIONAL SUPPORTING MATERIAL. To determine the length of experience you need, visit the certification web site.

Supervisor's Signature _____ Date _____