



**SOCIETY OF DEFENSE FINANCIAL MANAGEMENT
AVIATION CHAPTER
P.O. BOX 33215
WRIGHT-PATTERSON AFB OH 45433**



MONTHLY LUNCHEON

**CONTINUING PROFESSIONAL EDUCATION (CPE)
CERTIFICATE OF TRAINING**

DATE OF LUNCHEON: 11 June 2025, 11:30am-12:35pm

NAME OF ATTENDEE:

OFFICE SYMBOL:

NAME OF SPEAKER

Ms. Angela Palma, Associate Director, AFAA/QLF

TOPIC: ***DoD Fraud Risk Management***

PLACE:

Virtual: AF Teams

1.0 CPE UNITS

I certify that the above information is correct.

Member's Signature _____ DATE _____

I certify the above information is correct.

Supervisor's Signature _____ DATE _____

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 8013, Secretary of the Air Force.
PURPOSE AND USE: To document continuing professional education performed by Financial Managers.
DISCLOSURE: Furnishing the information is voluntary. Failure to do so; however, may result in lost credit for CPE earned.