

AUDIT REQUEST FORM

Department: _____

Description of Audit: _____

Grant name and Federal or State I.D. number (if applicable): _____

Requested by: _____

Phone #: _____

Period to be Audited: _____

Audit Distribution (who needs copies): _____

Submit your audit request to: _____
Greg McGuirk, Audit Division Manager.

Please give Greg a call at x8300 if you have any auditing questions or concerns.

Note: Audits are usually scheduled a year in advance, so please plan accordingly.
