

EXTERNAL AUDIT NOTIFICATION FORM



USBE SECTION/DIVISION

SECTION/DIVISION _____ PROGRAM(S) _____
(E.g., Assessment, CTE, CNP) (E.g., Adult Ed, School Lunch)

CFDA # _____ FEDERAL OR UTAH CODE _____
(Catalog of Federal Domestic Assistance Number – (Title, Chapter, Part, or Section – If Applicable)
ONLY for Federal Programs)

CONTACT NAME _____ EMAIL _____
PHONE _____

AUDIT FREQUENCY _____ OTHER _____
(Choose from drop-down or enter frequency in "OTHER")

ESTIMATED START DATE _____ ESTIMATED END DATE _____

PERIOD BEING AUDITED _____

DESCRIPTION OF AUDIT

EXTERNAL AUDITING AGENCY

AUDIT AGENCY NAME _____ OTHER _____
(Choose from drop-down or enter agency in "OTHER")

AGENCY CONTACT NAME _____ EMAIL _____
PHONE _____

Send this completed form and the engagement/notification letter (if available), or direct any questions, to:
Internal Audit Director at audit@schools.utah.gov or (801) 538-7813.

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