



## Appendix V: Internal Audit Report

Name: \_\_\_\_\_ Audit Date: \_\_\_\_\_

Department: \_\_\_\_\_ Audit Period(s): \_\_\_\_\_

Findings	Vendor	Date	Completed By

Audit Performed By: \_\_\_\_\_ Date: \_\_\_\_\_

Audit Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Restricted Purchases:</b>	<input type="checkbox"/> Personal Purchases	<input type="checkbox"/> Over the Limit Purchases
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Hazardous Materials	<input type="checkbox"/> Missing Pre-Approvals
<input type="checkbox"/> Animals	<b>Misc Items:</b>	<input type="checkbox"/> Untimely Reconciliation
<input type="checkbox"/> Cash Advances	<input type="checkbox"/> Incorrect Fiscal Authority	<input type="checkbox"/> Unauthorized Users
<input type="checkbox"/> Narcotics	<input type="checkbox"/> Missing Signatures	<input type="checkbox"/> Missing Use Tax
<input type="checkbox"/> Firearms/Ammo	<input type="checkbox"/> Missing Documentation	<input type="checkbox"/> Missing Gift Card/Prize Form
<input type="checkbox"/> Telephone/Handhelds		

Audit Completed: \_\_\_\_\_ Email Sent: \_\_\_\_\_