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:** _____

Restricted Purchases:
___Alcohol
___Animals
___Cash Advances
___Narcotics
___Firearms/Ammo
___Telephone/Handhelds
___Personal Purchases
___ Hazardous Materials

Misc Items:
___Incorrect Fiscal Authority
___Missing Signatures
___Missing Documentation
___Over the Limit Purchases
___Missing Pre-Approvals
___Untimely Reconciliation
___Unauthorized Users
___Missing Use Tax
___Missing Gift Card/Prize Form

Audit Completed: _____ **Email Sent:** _____