

Auditor of State of Ohio Audit Report of

Code _____

County _____

Region _____

Data Collection Form # _____

Type of Audit Report (check all that apply)
<input type="checkbox"/> Single Audit
<input type="checkbox"/> Regular Audit
<input type="checkbox"/> Special Audit
<input type="checkbox"/> Initial Audit
<input type="checkbox"/> Final Audit
<input type="checkbox"/> Performance Audit
<input type="checkbox"/> Other _____

Entity Address

Name and Address of Management Company, if applicable

Audit Period
From: _____
To: _____

Assistant Auditors

Name and Address of Sponsor, if applicable

IPA

SAM Report Reviewed: _____

Financial Statements Computed by: _____

Chief Report Reviewed: _____

Proofread by: _____

Clerk Report Received: _____

FINDING FOR RECOVERY	ABUSE	FEDERAL QUESTIONED	CONFLICT OF INTEREST	REFERRAL LETTER(S)	CITATIONS

Release Date _____

Auditor of State of Ohio

Audit Report Executive Summary of

Region _____ Post Audit Date _____

County _____ Audit Period _____ through _____

UAN _____ # of adjustments _____ IPA (If Applicable) _____

Type of Audit Report (check all that apply)
<input type="checkbox"/> CAFR
<input type="checkbox"/> GASB 34
<input type="checkbox"/> OMB A-133 Single Audit
<input type="checkbox"/> (OCBOA) ?
<input type="checkbox"/> Limited Risk Audit Approach
<input type="checkbox"/> Agreed Upon Procedures
<input type="checkbox"/> GAAS (requires approval)
<input type="checkbox"/> Performance Audit
<input type="checkbox"/> Special Audit
<input type="checkbox"/> SAS 70 Audit
<input type="checkbox"/> Other _____

Financial Statement Report (explain if qualified)
Explain if other than unqualified:

Billing Information		
	Past	Current
Audit fees		
Audit hours		
Consult fees		
Consult hours		
Admin. fees		
Admin. hours		

**Report Information (please provide written comments below for all YES responses,
including dollar amounts for each Finding for Recovery and Questioned Cost **)**

Findings for Recovery **	Material Citations	Significant Deficiencies Material Weaknesses	Single Audit Findings and/or Questioned Costs **	Management Letter Comments	Other Sensitive Issues	Every Tax Dollar Counts Eligibility

Signature _____ Title _____ Date _____