

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"/> Abuse
<input type="checkbox"/> Performance Audit
<input type="checkbox"/> Other _____

Entity Address

Name and Address of Management Company, if applicable

Audit Period
From: _____
To: _____

Name and Address of Sponsor, if applicable

Assistant Auditors

IPA

SAM Report Reviewed: _____

Financial Statements Computed by: _____

Chief Report Reviewed: _____

Proofread by: _____

Clerk Report Received: _____

FINDING FOR RECOVERY	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)	Financial Statement Report (explain if qualified)	Billing Information																						
<input type="checkbox"/> CAFR <input type="checkbox"/> GASB 34 <input type="checkbox"/> OMB A-133 Single Audit <input type="checkbox"/> Cash (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 _____	Explain if other than unqualified: 	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 15%;">Past</th> <th style="width: 15%;">Current</th> </tr> </thead> <tbody> <tr> <td>Audit fees</td> <td></td> <td></td> </tr> <tr> <td>Audit hours</td> <td></td> <td></td> </tr> <tr> <td>Consult fees</td> <td></td> <td></td> </tr> <tr> <td>Consult hours</td> <td></td> <td></td> </tr> <tr> <td>Admin. fees</td> <td></td> <td></td> </tr> <tr> <td>Admin. hours</td> <td></td> <td></td> </tr> </tbody> </table>		Past	Current	Audit fees			Audit hours			Consult fees			Consult hours			Admin. fees			Admin. hours			
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Report Information (please provide written comments below for all YES responses)					
Findings for Recovery	Material Citations	Reportable Conditions / Material Weaknesses	Single Audit Findings / Questioned Costs	Management Letter Comments	Other Sensitive Issues

Signature _____ Title _____ Date _____