

DOA AUDIT SUPPORT REQUEST

Please email completed form to [DOA Audit Support@state.de.us](mailto:DOA_Audit_Support@state.de.us) or fax to 302-736-7909

Requesting Organization: _____

Type of Audit (Financial Statement, Program, etc):

Timing of Audit: _____

Expected timing of DOA involvement: _____

Type of Support requested: _____

FSF System access requested: _____
(FSF Esecurity form is required detailing the role)

Duration of FSF System access: _____

Will the auditor require documents, data and/or reports to be completed by DOA?
(If yes, provide detail of documents to be prepared by Accounting, below)

Summary of Audit Scope

Include contract, engagement letter, or any other pertinent information that will allow DOA to understand the nature of the work being performed so as to ensure that only in-scope requests are addressed.

Agency Contact:

Name: _____
Phone: _____
Email: _____

Audit Contact:

Name: _____
Phone: _____
Email: _____

Agency Approval: _____ Date: _____

DOA Approval: _____ Date: _____