REPORT WORK ORDER

AC# _____

_____	_____	_____
AUDITEE	PERSON TO RECEIVE REPORT	ADDRESS
_____	_____	_____
AUDIT MANAGER	AUDITOR IN CHARGE	TYPE OF REPORT AND YEAR

PENCIL DRAFT: _____
AUDIT MANAGER

TYPED DRAFT: _____ _____ _____ _____ _____
QTY. CONTROL AUDIT MANAGER AUDIT DIRECTOR QTY. CONTROL* TO STATE AUDITOR

FINAL REPORT: _____ _____
(QC SIGN-OFF) PREPARE TO STATE AUDITOR

DATE	TIME	SIGNATURE	DESCRIPTION	PROOFED BY
			TYPE DRAFT	
			CORRECTIONS	
			CORRECTIONS	
			CORRECTIONS	
			CORRECTIONS	
			TYPE FINAL	
			CORRECTIONS	

* PROOF TYPED CHANGES

WP SIGN-OFF: _____ _____
DATE DRAFT MAILED DATE FINAL REPORT RELEASED

SPECIAL INSTRUCTIONS (e.g., non-standard distribution instructions/additions; special typing format)

Email address(es) for Draft Report _____

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