

# INTERNAL AUDIT REQUEST FORM

Control Number \_\_\_\_\_

Request submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Acting as:  Employee  Management  Stakeholder

What do you want audited? What event, concern or information caused your request?

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What department/division/locations does this request pertain to? Who may be the key people to contact?

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What outcome or desired result are you expecting?

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Is this request time sensitive? Why?

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**Please attach any documentation or evidence you have to support the audit request.**

Requester's Signature \_\_\_\_\_

Date \_\_\_\_\_

Internal Audit Director's Signature \_\_\_\_\_

Date \_\_\_\_\_

Approved  Denied

Audit Committee Chairman's Signature \_\_\_\_\_

Date \_\_\_\_\_

Approved  Denied

## FOR INTERNAL AUDIT OFFICE USE ONLY:

Compliance  Operational  Financial  Follow Up  Investigative

### DISTRIBUTION UPON DECISION

White – Audit Committee Files      Yellow – Audit file (if applicable)      Pink - Requester