

## Internal Control/Internal Audit Questionnaire Disclosure

Agency Code: \_\_\_\_\_

Agency Title: \_\_\_\_\_

### 90.40.80 Internal Control/Internal Audit Questionnaire Disclosure

1. **Internal Control Officer.** Who is your agency's **internal control officer**?

Please provide the following information:

First name

Last name

Phone number

Email address

2. Please provide the date your agency's most recent risk assessment was completed and the period it covered:

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3. Does your agency have an internal audit program as defined in SAAM Chapter 22?

No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please provide the following:

Internal Audit program contact information:

First name

Last name

Phone number

Email address

*Users must click the "Save" button to save their data in the form.*