

## Audit and Advisory Services Engagement Request Form

**Request Date:**

**Division/Department:**

**Contact Person:**

**Email Address:**

**Telephone Number:**

### Type of Engagement Requested

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Audit        | <input type="checkbox"/> Operational (Effectiveness/Efficiency)   |
| <input type="checkbox"/> Review       | <input type="checkbox"/> Control (Evaluation of control procedures, which detect and prevent errors and irregularities)     |
| <input type="checkbox"/> Consultation | <input type="checkbox"/> Compliance   |
|                                       | <input type="checkbox"/> Special (i.e., telephone, travel, etc.), please specify:<br>_____                                  |
|                                       | <input type="checkbox"/> Information System (i.e., vulnerability assessment, new product evaluation, troubleshooting, etc.) |

### Reason for Request

- Change in Department Management
- Recent discoveries of misuse of resources, property theft, and/or non-compliance
- Significant time lapse between audits (5+ years)
- Information system failure or outage
- Other, please specify: \_\_\_\_\_

### Degree of Urgency

- Immediate attention required
- As soon as possible (to be prioritized by A&AS management)
- Include in audit planning for fiscal year beginning July 1, \_\_\_\_\_

**Please describe the issue.**

**Please provide a summary engagement objective.**

**Related policies and regulations:**