

NAME OF ORGANIZATION

Format No-

Schedule for Internal Audit No-----

Date-----

To: -----

Kindly note that your department/ function will be audited as per the following schedule and you are requested to extent cooperation to the auditors.

Date of Audit ----- **Audit Criteria:** Based on Manual/procedures/work
Instructions and the applicable standard

Date	Time	Audit Scope	Auditor (s)	Auditee(s)	Standard Clause

Prepared by:

Dated

Signature