

Audit Findings/Corrective ActionVENDOR AUDIT

COMPANY _____
CONTACT _____
ADDRESS _____
PHONE _____

DISCREPANCY

(CIRCLE ONE)

1. _____ NEW / REPEAT
2. _____ NEW / REPEAT
3. _____ NEW / REPEAT
4. _____ NEW / REPEAT
5. _____

AUDITOR _____ DATE _____

INTERNAL AUDIT

DEPT./AREA _____

DISCREPANCY

(CIRCLE ONE)

1. _____ NEW / REPEAT
2. _____ NEW / REPEAT
3. _____ NEW / REPEAT
4. _____ NEW / REPEAT
5. _____ NEW / REPEAT

AUDITOR _____ DATE _____

CORRECTIVE ACTION

1. _____
2. _____
3. _____
4. _____
5. _____

ROOT CAUSE/CORRECTIVE ACTION (EXPLAIN)

SIGNATURE _____ DATE _____
AUDITOR _____ DATE _____

