





Internal Audit Findings Record Form		
Type of Audit:		
Division:	Department:	
Auditor:	Auditee(s):	
Area Audited:	Audit Date: 4/29/2023	Time:5:00:04 PM
Previous Internal Audit Results: Closed: Total Number of NC: Pending: Number of Observations:	Present Internal Audit Rest  Total Number of NC:  Number of Observations:	<u>ults</u>
Audit Findings:	<u> </u>	
Signature of Lead Auditor/ Internal Auditor:	Date:	