

PRE-AUDIT MEETING

AGENDA

- ☐ Purpose and scope of audit
- ☐ Proposed audit schedule
- ☐ Close-out meeting
- ☐ Any questions

Local Government Name: _____

Auditor Name: _____

Date: _____

In Attendance: _____

Date of Audit: _____ Location of Audit: _____

Anticipated Date of Audit Close Out Meeting: _____

Location of Documentation: _____

Active work areas to be included in audit: _____

Number of Managers: _____

Number of Supervisors: _____

Number of Workers: _____

Signatures

Auditor Signature

Management Signature