

State of Washington
Corrective Action Plan for Audit Finding
(Refer to the SAAM Chapter 55)

Agency Code: _____ Agency Title: _____

Corrective Action Plan Information:	
Audit Report Number:	
Finding Number:	
Finding:	
Corrective Action Taken or To Be Taken: If already taken, date of completion: If to be taken, estimated date of completion:	
Agency Response: Does agency agree with finding?: If no or partially, please explain reason(s) why:	Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/>
Additional Comments:	
Agency Contact Responsible for Corrective Action: Name: Title: Address or Mailstop: City, State, Zip code: , Phone Number: () - ext. Email:	

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