**INTERNAL AUDIT REQUEST FORM**

*(Utilize this form to request an audit or consulting engagement and to report suspected improper activity)*

***Request submitted by:*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* ***Date:*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Email:*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* ***Phone:*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***What time would be best to contact you?*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***\*\*Please note that you can remain anonymous by leaving the contact information blank\*\****

Reporting party acting as: ☐Employee ☐Management ☐Stakeholder

*(please select one)*

Is this a request for audit services or consulting services? ☐Audit Services ☐Consulting Services

*(see definitions below)*

**Definitions of Services**:

***Audit Services****: An objective examination of evidence for the purpose of providing an independent assessment on governance, risk management, and control processes for the organization. Examples may include financial, performance, compliance, system security, and investigative engagements.*

***Consulting Services****: Advisory and related client service activities, the nature and scope of which are agreed with the client, are intended to add value and improve an organization's governance, risk management, and control processes without the internal auditor assuming management responsibility. Examples include counsel, advice, facilitation, and training.*

1. **Describe any suspected improper activity in detail that you have noted (include dates, time, witnesses, etc. if possible).**

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1. **How long has the potentially improper activity been going on (i.e., what period does this request relate to – ex: FY17, FY18, January – June, etc.)?**

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1. **What event, concern, or information caused your request?**

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1. **What do you want reviewed?**

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1. **What department/division/location does this request pertain to?**

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1. **What is the specific area or business process?**

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1. **Who may be the key people to contact?**

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1. **What would be the purpose and objectives for the audit or investigation (i.e., what would you like to determine as a result of the audit or investigation)?**

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1. **Is this request time sensitive? If so, please provide an explanation of why it is.**

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1. **Additional Comments:**

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**SUBMISSION INSTRUCTIONS:**

Any records that you can provide to assist with an investigation can be attached to this form.

You may send this form **anonymously** through U.S. Mail or Campus Mail (Attn: Department of Internal Audit, 700 University Ave., University Library Rm 524, Monroe, LA 71209-2210) **OR** slide the form under the door of Room 524, University Library building.

**Or**

You may email this form **directly** to Mr. Fernando Cordova, Director of Internal Audit, at ***fcordova@ulm.edu***.