

**State of Arkansas
Audit Finding Reporting Form**

State Agency Name: _____
State Agency Business Area: _____
Division Name (If applicable): _____

Audit Name: _____
Audit Number (If applicable): _____
Audit Date: _____

Audit Finding Number: _____
Audit Finding Description: _____

Auditor Recommendation: _____

Management Response: _____

Corrective Action to be Taken (If not included in Management Response):

Estimated Completion Date: _____

Agency representative responsible for corrective action:

Name: _____
Phone #: _____
E-Mail Address: _____
Address: _____

Please return completed form to:

*Department of Finance and Administration
Office of Accounting-Internal Audit Section
1515 West Seventh Street, Room 215
Little Rock, Arkansas 72201
Phone: (501) 682-0370
Fax: (501) 371-1471
e-mail: ricky.quattlebaum@dfa.state.ar.us*