

Internal Control/Internal Audit Questionnaire Disclosure

Agency Code: _____

Agency Title: _____

90.40.80.A Internal Control/Internal Audit Questionnaire Disclosure

1. **Internal Control Officer.** Who is your agency's **internal control officer**?

Please provide the following information:	
First name	
Last name	
Phone number	
Email address	

2. Please provide the date your agency's most recent risk assessment was completed and the period it covered:

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3. Does your agency have an internal audit program as defined in SAAM Chapter 22?

No

Yes

If yes, please provide the following:

Internal Audit program contact information:	
First name	
Last name	
Phone number	
Email address	