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:

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	