## 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	