



# REQUEST FOR INTERNAL AUDIT SERVICES FORM

**Instructions:** Complete a separate form for each audit suggested. Attach any information or documents to this form that may be pertinent to determining the need for the audit. Return the completed form to:

Larry Johnston, Executive Director, Internal Audit, CMSD, 1111 Superior Avenue E, Suite 1815, Cleveland, OH 44114  
Or save form and email the document to: larry.l.johnston@clevelandmetroschools.org.

## Organization to be Audited

Department

School

Program

Name of Department, School or Program: \_\_\_\_\_

## Scope of Audit *(check all that apply)*

Financial Related

Compliance

Internal Control

Other Please Explain: \_\_\_\_\_

## Circumstances Leading to Request *(check all that apply)*

Budget Increase

New Program

New Policies

Budget Decrease

New Management

New Legal Requirements

Budget Overrun

Adverse Publicity

Other

Please list the questions you would like this audit to answer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please give any other information you feel is necessary for understanding this request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

### FOR ADMINISTRATIVE USE ONLY

Approved  Disapproved Exec. Director, Internal Audit \_\_\_\_\_