



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:

MaSheila Rosell-Kirchner, Internal Audit Manager, CMSD 1111 Superior Avenue E Suite 1935, Cleveland, OH 44114 or
save form and email the document to: masheila.rosell-kirchner@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 _____