

\_\_\_\_\_ PUBLIC SCHOOL DISTRICT  
\_\_\_\_\_ COUNTY

**AUDIT COMMENT/RECOMMENDATION/MGMT LETTER  
CORRECTIVE ACTION RESPONSE**

Reference Number: \_\_\_\_\_

Name of Award – Project Number  
(Federal Findings) \_\_\_\_\_

Condition/Finding: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

Corrective steps that have been implemented and/or the steps that will be implemented.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completion Date: \_\_\_\_\_

If a refund is made in relation to this comment please include the mailing date, amount and number of the check for the refund

_____	_____	_____
Mailing Date	Check Number	Amount of Refund
_____	_____	_____
Superintendent's Signature		Date

If the district disagrees with the Audit Comments, Recommendation, Management Letters, Exceptions, etc., this would be noted in the Steps Implemented Section.