

_____ 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.