

**UNIVERSITY OF SASKATCHEWAN
RECORD OF EXTERNAL AUDIT ACTIVITY**

AUDIT PLANNING:

Project/activity being audited: _____
title FRS account number

Primary Contact at U of S: _____
name department

Auditor: _____
firm contact

Agency requesting the audit: _____

Nature and description of the audit
 (including fiscal period being audited): _____

Timing and expected duration of audit: _____
(dates) (# of days)

Form completed by: _____
name date

Distribution:
 Original - Director, Financial Reporting
 Copy - Assoc VP (Financial Services)

_____ signature
date

TO BE COMPLETED BY DIRECTOR, FINANCIAL REPORTING UPON COMPLETION OF AUDIT:	
Timing and duration of audit: _____	
Report of audit results filed with Associate VP (Financial Services):	date
Obtain copy of audit report and financial statements for file:	date