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(Auditor-Controller Only)

AUDITOR SERVICES REQUEST

(Processing time is 3 business days from the date received)

To: AUDITOR-CONTROLLER'S OFFICE Date: _____

From: _____ Department: _____

Contact Phone: _____

Assignment: Review of Financial and Budget Items in Contract

Vendor Name (As it appears on the contract): _____

Contract Attached with Exhibits/Attachments: Yes No

Scheduled for Board of Supervisors Meeting?

Yes No Date: _____

Please make sure that you have checked the following:

- Non-resident withholding
- Record retention
- Term dates i.e. July 1, 20XX – June 30, 20XX
- Amount of contract
- Retention withholding
- Payment terms/billings – original receipts must be submitted for reimbursable expenses
- Check your math
- Check your dates
- Budget – must have appropriation
- Multiyear contract require amounts per fiscal year
- Encumbrance number noted on addendums (attach all prior addendums and original contract)

(FOR AUDITOR-CONTROLLER USE ONLY)

Initials of Assigned Staff: _____

Date Completed: _____

Final Email to Department: _____

Comments: