

# ADM AUDIT FINDING FORM

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**School District/  
Charter School:**

**ID/CTD#:**

**Please include the following, if applicable:**

- Audit letter and /or settlement letter
- Audit report
- Hardship letter and resolution

 **Total dollar amount to be adjusted due to Audit finding:**

\$

**If the adjustment is to be taken in a single fiscal year, please list the effective date of the adjustment:**

Date:

**If school district or charter school is requesting a Hardship Letter (A.R.S. Section 15-915) please fill out each year:**

**1. Amount of adjustment for the first fiscal year:**

\$

**2. Effective date of the adjustment:**

Date:

**3. Amount of adjustment for the second fiscal year (if hardship letter is approved pursuant to A.R.S. Section 15-915):**

\$

Both first and second fiscal year adjustments should equal total amount for finding listed above.

Chief Auditor signature:

Date:

Deputy Superintendent:

Date:

Comments: