## **PRE-AUDIT MEETING AGENDA** ☐ Purpose and scope of audit ☐ Proposed audit schedule ☐ Close-out meeting □ Any questions Local Government Name: Auditor Name: Date: In Attendance: \_\_\_\_\_ Date of Audit: \_\_\_\_\_ Location of Audit: \_\_\_\_\_ Anticipated Date of Audit Close Out Meeting: Location of Documentation: Active work areas to be included in audit: \_\_\_\_\_ Number of Managers: Number of Supervisors: \_\_\_\_\_ Number of Workers: Signatures Auditor Signature Management Signature

