

Audit Report of a Company

Audit Report Number: _____

Date of Audit: _____

Company Details

- Company Name: _____
- Company Address: _____
- Contact Person: _____
- Position: _____
- Phone Number: _____
- Email Address: _____

Audit Details

- Audit Conducted By: _____
- Audit Period: From _____ To _____
- Department Audited: _____

Audit Purpose & Scope

- Financial Statement Review
- Operational Compliance Check
- Risk Assessment
- Regulatory Compliance
- Other: _____

Audit Findings

Section Audited	Issues Found	Risk Level (Low/Medium/High)	Corrective Action Needed?
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		<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No

Recommendations & Corrective Measures

- Immediate corrective action required.
- Periodic review and monitoring suggested.
- Compliance status to be reassessed in __ months.

Acknowledgment & Approval

- I confirm that the audit findings have been reviewed and accepted.

Auditor's Name: _____

Signature: _____ **Date:** _____

Company Representative: _____

Signature: _____ **Date:** _____