**Qualified Audit Report**

**Audit Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Audit Conducted By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Audit Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### **Company Financial Information**

* **Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Fiscal Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Accounting Method Used: ☐ GAAP ☐ IFRS ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_**

### **Audit Opinion**

**☐ Unqualified Opinion – No material misstatements were found.
☐ Qualified Opinion – Some areas require corrective actions.
☐ Adverse Opinion – Significant issues in financial records.
☐ Disclaimer of Opinion – Insufficient data to form a conclusion.**

### **Financial Assessment**

| **Financial Aspect** | **Findings** | **Compliance Level** |
| --- | --- | --- |
| **Revenue Reporting** |  | **☐ Compliant ☐ Non-Compliant** |
| **Expense Documentation** |  | **☐ Compliant ☐ Non-Compliant** |
| **Tax Filings** |  | **☐ Compliant ☐ Non-Compliant** |
| **Asset Management** |  | **☐ Compliant ☐ Non-Compliant** |

### **Recommendations for Improvement**

**☐ Immediate corrective action required.
☐ Review financial policies and update records.
☐ Conduct follow-up audit in \_\_ months.**

### **Auditor’s Certification & Approval**

**I certify that this audit report is accurate and based on factual financial data.**

**Auditor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_
Company CFO/CEO Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**