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.
- \Box 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:	