

**DOAA**Georgia Department
of Audits & Accounts

Professional Standards & Practices Division
Nonprofit and Local Government Team
Audit Transmittal Form

Please complete the transmittal form and submit it with your audit report. We will use this information to furnish your government with the results of our review. These results are furnished by e-mail.

Name of Governmental Unit		
Fiscal Year End		
Governmental Contacts	Name	E-Mail Address
Chief Official (e.g., Mayor, Chairman)		
City/County Clerk		
City/County Manager		
Finance Director		
Others to be Notified of Audit Results: (officials, consultants, etc.)		

Name of Audit Firm	
Auditor Contact for this Report	
Auditor Contact Email Address	
Auditor Telephone	
Any additional auditor contacts:	

Form Completed by: (Name)	
(Title)	