



DOAA

Georgia Department
of Audits & Accounts

Professional Standards & Practices Division Nonprofit and Local Government Team

Audit Transmittal Form

Instructions:

Please complete this 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.

Section A – General Information

Name of Local Government:

Fiscal Year End (MM/DD/YYYY):

Section B – Local Government Contact Information

Name

E-mail Address

Chief Elected Official:

City/County Clerk:

City/County Manager:

Finance Director:

Other to be Notified:

Other to be Notified:

Section C – Audit Firm Information

Name of Audit Firm:

Auditor Contact Name:

Auditor Contact E-mail address:

Auditor Telephone number:

Additional Auditor Contact Name:

Additional Auditor E-mail address:

Section D – Submitter Information

Name of Person Completing This Form:

Title of Person Completing This Form: