Department of Internal Audit

Box 93095, Lake Charles, LA 70609 337-475-5590 | bdean3@mcneese.edu

INTERNAL AUDIT REQUEST & FRAUD FORM

(Utilize this form to request an audit or advisory engagement, or to report suspected fraudulent activity)

Request submitted by:	Date:
Email:	Phone:
What time would be best to contact you	?
Please note that you can remain and	onymous by leaving the contact information blank
Reporting party acting as (please select on ☐ Faculty ☐ Staff ☐ Student	
Is this inquiry for audit services, advisor ☐ Audit Services ☐ Advisory Services	y services, or fraudulent activity (see definitions below)?
independent assessment on governance	nation of evidence for the purpose of providing an ce, risk management, and control processes for the financial, performance, compliance, system security, and
are agreed upon with the client, are in	related service activities, the nature and scope of which ntended to add value and improve an organization's ntrol processes without the internal auditor assuming

Fraudulent Activity – Involves deliberate deception for personal or organizational gain, often involving misrepresentation of facts, concealment of information, or manipulation of documents. (Examples may include identity theft, misappropriation of assets, embezzlement, and falsifying records)

management responsibility. (Examples may include counsel, advice, facilitation, and training)

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1.	Describe any suspected improper activity in detail that you have witnessed or noted (if possible, include date, time, witnesses, etc.).
2.	How long has the suspected improper activity been going on (i.e., what period does this request relate to – ex: FY17, FY18, January – June, etc.)?
3.	What event, concern, or information caused your request?
4.	What do you want reviewed?
5.	What department, division, and/or location does this request pertain to?
6.	What is the specific area or business process?

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7.	Who are the key people to contact?
8.	What would be the purpose and objectives for the audit or investigation (i.e., what would you like to determine as a result of the audit or investigation)?
9.	Is this request time sensitive? If so, please provide an explanation as to why.
10.	Additional Comments:
<u>SU</u>	BMISSION INSTRUCTIONS:
1. I	Please attach any records you can provide that would assist in the investigation.
2. \	ou may either:
	a. Send <u>anonymously</u> through campus mail to the attention of:
	Department of Internal Audit Box 93095 Lake Charles, LA 70609
	OR
	b. Email <u>directly</u> to the Director of Internal Audit, at <u>bdean3@mcnesese.edu</u>