

Request for Audit/Evaluation

Case Number	Date
Control Number	Contract Number
Modification Number	

To **Region** **RIGA**

Please perform the checked review or audit action

Final
 Interim
 Termination
 Proposal Evaluation Audit
 Subcontracts (see below)
 Accounting System
 From _____
 New Contractor
 Year or more
 To _____

Contractor/Recipient	Latest Modification Number
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Point of Contact for Audit (Prime)

Name	Phone Number (Include Area Code)
Address	

Proposals

Type of Contract/Grant or Cooperative Agreement

Amount	Anticipated Award Date	Desired Report Receipt Date (Minimum 25 days)
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Point of Subcontractor Contact for Audits

Name	Phone Number (Include Area Code)
Address	

Name (If more than two subcontractors, attach supplement sheet)	Phone Number (Include Area Code)
Address	

Costs Audits/Termination

Amount	Settlement Proposal Amount
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Special Circumstances to be considered

Attachment(s)

Two copies of OF-60
 Prime
 Sub
 Two copies of Final Notice
 Prime
 Sub
 Two copies of most recent Invoice (Interim)
 Prime
 Sub

Cost Analyst	Phone Number (Include Area Code)	Contract Specialist	Phone Number (Include Area Code)
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Target Date (For OIG use)	Explanation (If required)
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