

## **ENTRANCE CONFERENCE FORM**

This form is intended to establish the scope and timing of any audit or regulatory exam at CU\*Answers. This form will be updated by the Internal Audit lead and a copy of this form will be kept with the final audit report.

Click here to enter text.	Click here to enter a date.	Click here to enter a date.
AUDIT REQUESTOR	ESTIMATED START DATE	ESTIMATED COMPLETION DATE
Click here to enter text.		
SCOPE OF AUDIT		
Click here to enter text.		
DELIVERABLES AND REPORTS		
Click here to enter text.	Click here to enter text.	Click here to enter text.
Audit Lead	PHONE	Email
Click here to enter text.	Click here to enter text.	Click here to enter text.
AUDIT STAFF	PHONE	Email
Click here to enter text.	Click here to enter text.	Click here to enter text.
AUDIT STAFF	PHONE	Email
Click here to enter text.	Click here to enter text.	Click here to enter text.
AUDIT STAFF	PHONE	Email
Click here to enter text.	Click here to enter text.	Click here to enter text.
AUDIT STAFF	PHONE	Email
Click here to enter text.	Click here to enter text.	Click here to enter text.
AUDIT STAFF	PHONE	Email
Click here to enter text.		
Notes		

Please attach any requests for information to this form. All anticipated material and interview requests should be made at least 30 days prior to the examination start date.