

# Corrective Action Schedule

Post-Payment Audit Report Dated Month Day, Year Agency Name

**Finding Title**

Recommendation:

Division(s)/ Individual(s) responsible for agency action due to recommendation:

Estimated date of resolution of recommendation\*:

Brief summary of actions taken to ensure compliance:

**Finding Title**

Recommendation:

Division(s)/ Individual(s) responsible for agency action due to recommendation:

Estimated date of resolution of recommendation\*:

Brief summary of actions taken to ensure compliance:

Please certify by signature that the information provided is complete and correct.

\_\_\_\_\_  
Chief Fiscal Officer

\_\_\_\_\_  
Director of Internal Audit

\* If implemented, give date of implementation and changes in procedures if applicable.