

State of Washington
Corrective Action Plan for Audit Finding

(Refer to the SAAM Chapter 55)

Agency Code: _____ Agency Title: _____

| Corrective Action Plan Information: | |
|---|---|
| Audit Report Number: | |
| Finding Number: | |
| Finding: | |
| Corrective Action Taken or To Be Taken: If already taken, date of completion: If to be taken, estimated date of completion: | |
| Agency Response: Does agency agree with finding? If no or partially, please explain reason(s) why: | Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> |
| Additional Comments: | |
| Agency Contact Responsible for Corrective Action: Name: Title: Address or Mailstop: City, State, Zip code: Phone Number: () - ext. Email: | |

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