

## AUDIT CONFIRMATION REQUEST

At the request of CPA firms, the Department of Health Services will provide confirmation of amounts paid on grant contracts to provider agencies directly funded by the Department of Health Services and will identify differences wherever possible.

**Mail completed request and self-addressed envelope directly to:**

Audit Confirmation Coordinator  
Bureau of Fiscal Services, Room 750  
1 W. Wilson Street, P.O. Box 7850  
Madison, WI 53707-7850

**Voice:** (608) 266-0119  
**Fax:** (608) 264-9874  
Faxed forms accepted

1. Contact Person Name		2. Telephone Number	
3. Grant Contract Recipient Name			
4. Program Name			
5. Purchase Order Number or Other Identifying Information			
6. Grant Contract Periods _____ To _____		7. Grant Contract Amount	8. Amount Earned Per Grant Contract
9. Grant Contract Balance As Of			\$
10. Does this Grant Include Federal Financial Assistance Dollars? <input type="checkbox"/> Yes <input type="checkbox"/> No		11. Catalog of Federal Domestic Assistance Number (CFDA)	12. Percentage of Federal Funds
The above information agrees with our records, except as indicated. (To be completed by Audit Confirmation Coordinator.)			
SIGNATURE		Date Signed	Telephone Number