

**Agency Action Plan and
Status of Implementation of Latest Annual Audit Report Recommendations**
CY ____ Annual Audit Report

Ref.	Audit Observations	Audit Recommendations	Agency Action Plan				Status of Implementation	Reason for Partial/Delay/Non-Implementation, if applicable	Action Taken/Action to be taken
			Action Plan	Person/Dept. Responsible	Target Implementation				
					From	To			

Prepared by:

_____ Local Treasurer

_____ Local Accountant

Noted by:

_____ Local Chief Executive

_____ COA Auditor

(Date)

Note: Status of Implementation may either be (a) Fully Implemented (b) Ongoing (c) Not Implemented (d) Partially Implemented (e) Delayed