



Auditor Selection Form

Local Education Agency: _____

LEA Contact: _____ Phone: _____ Date: _____

Our governing board has selected the following firm to audit its books and accounts for the fiscal year ending June 30, xxx

Audit Firm Information

Name	
Address	
Telephone No.	

Contract Term

Fiscal year(s) covered (indicate all fiscal years covered by a multi-year contract)	Stated maximum audit fee

Please attach a copy of the current audit contract.

Return this completed form before **Mar. 31**
to: sbasfinance@sbceo.org