



Charter School Auditor Selection Form

Charter School: _____

Charter School Contact: _____ Phone: _____ Date: _____

- Check this box if the charter school's annual financial audit will be included in the sponsoring agency's annual financial audit. If this box is checked, no further information is required.
- Check this box if the charter school will obtain a separate financial audit report.

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

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