



# Auditor Selection Form

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**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

<b>Name</b>	
<b>Address</b>	
<b>Telephone No.</b>	

## Contract Term

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

**Please attach a copy of the current audit contract.**

Return this completed form before **Mar. 31**  
to: [sbasfinance@sbceo.org](mailto:sbasfinance@sbceo.org)