# **Spot Check Report**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **BACKGROUND INFORMATION** | | | | | | | |
| Name of IP Organization: | | | |  | | | |
| Programme Title (section) | | | |  | | | |
| Work Plan Reference: | | | |  | | | |
| Location where spot check took place | | | |  | | | |
| Date(s) of spot check | | | |  | | | |
| IP Contact person and position: | | | |  | | | |
| Period covered by FACE form(s) selected | | | |  | | | |
| Total value of selected FACE form(s) | | | |  | | | |
| Total value of transactions tested | | | |  | | | |
| Total value of unsupported expenditures identified | | | |  | | | |
| IP staff whom the spot check team met and worked with during the spot check (names & titles) | | | |  | | | |
| **INTERNAL CONTROL INQUIRY WITH IP MANAGEMENT** | | | | | | | |
| **Inquire of IP management whether there have been any changes to internal controls since the prior micro assessment from the current programme cycle.**  **Inquire whether the high priority recommendations from the micro assessment and previous assurance activities have been implemented. *Document the result of the inquiry in the box below*** | | | | | | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| **FINANCIAL FINDINGS AND RECOMMENDATIONS** | | | | | | | |
| **No** | | **Finding** | **Category** | **Priority (H/L)** | **Recommendation** | | **Management response / Agreed Action by IP and deadline** |
| 1 | |  |  |  |  | |  |
| 2 | |  |  |  |  | |  |
| **INTERNAL CONTROL FINDINGS AND RECOMMENDATIONS** | | | | | | | |
| **No** | | **Finding** | **Category** | **Priority (H/L)** | **Recommendation** | | **Management response / Agreed Action by IP and deadline** |
| 1 |  | |  |  |  | |  |
| 2 |  | |  |  |  | |  |
| **UNFPA FOLLOW-UP ACTIONS** | | | | | | | |
| **No** | | **Follow up action** | | **Responsible UNFPA officer** | | **Expected completion date** | |
| 1 | |  | |  | |  | |
| 2 | |  | |  | |  | |
| **ANNEXES** | | | | | | | |
| 1 | | Expense Testing Worksheet (Annex C) | | | | | |
| 2 | | Sampled FACE forms | | | | | |
| **SIGNATURES OF SPOT CHECK TEAM MEMBERS** | | | | | | | |
| **Name and title** | | | | **Signature** | | **Date of Report** | | |
|  | | | |  | |  | | |
|  | | | |  | |  | | |