# **Spot Check Report**

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| **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** |
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